

Foster Family Home - Corrective Action Report

Provider ID: 1-170028

Home Name: Jenelyn Laforga, CNA

Review ID: 1-170028-4

94-502 Pilimai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/19/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 4/19/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's Ecrim lapsed on 5/4/19 renewed on 5/25/19 and for HHM#1's APS/CAN/Fingerprint lapsed on 8/9/18 and no renewal seen in home binder.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality practice/privacy training done for HHM#1.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation done on [REDACTED] Precaution for CG#1, CG#2, CG#3, CG#4, CG#5, and CG#6 on Client #1. For Client #2, no RN delegation done on [REDACTED] Administration for CG#1, CG#2, CG#3, CG#4, CG#5, and CG#6.

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Medication and Nutrition

[11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- No RN delegation/training done for [REDACTED] for CG#1, CG#2, CG#3, CG#4, CG#5, and CG#6 on Client #1. For Client #2, no RN delegation/training done for [REDACTED] for CG#1, CG#2, CG#3, CG#4, CG#5, and CG#6.

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Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- CCFFH Admission Policy and Agreement not done upon Client#1's admission to home. Form is incomplete (no signatures of CG#1 and Client #1/POA).

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- Client #2's Service Plan expired on 2/26/2020.

54.(c)(5)- Medication discrepancies noted for Client #1. Medication Administration Record was last signed on 3/14/2020. One medication was not transcribed in the MAR since MD ordered on 1/23/2020; medication was available.

Maikel Nakamine, RN

Compliance Manager

J. Lopez

Primary Care Giver

3/19/2020

Date

3/19/2020

Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: JENELYN LAFORGA

CCFFH Address: 94-502 PILIMAI ST. WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1) (a)(2)	CG #1 showed CTA compliance manager the current Ecrim (3/19/20). Result was filed in home binder. HHM #1 obtained a current APS, CAN and FINGERPRINT.	3/25/20	PCG will utilize an [REDACTED] calendar to schedule due date alerts 2months in advance to prevent future lapses.
16.(b)(5)	HHM #1 was trained the confidentiality/privacy by PCG. Signed form was filed in home binder.	3/21/20	In the future, PCG will train all new caregivers and HHM's within a week of adding them to home.
43.(c)(3)	Contacted CMA RN on 3/20 to perform the delagation for CG#1, CG#2, CG#3, CG#4, CG#5, CG#6. Signed form were filed in the client #1 and #2 binder.	3/25/20	Home will notify CMA that needs to perform within a week before the caregivers will added to home.

Primary Caregiver's Signature: *J Laforga*

Print Name: JENELYN LAFORGA

Date of Signature: 08 APRIL 2020