

Foster Family Home - Corrective Action Report

Provider ID: 1-120029

Home Name: Jociel Baysa Domingo-Nones,
CNA

Review ID: 1-120029-12

98-259 A Hekaha Street

Reviewer: Julie Hastings

Aiea HI 96701

Begin Date: 6/17/2020

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

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

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.

-Corrective Action Report issued during home inspection with all written corrections due to CTA by 7/2/2020.

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

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

Comment:

8.(a)(2)
CG#1 APS/CAN lapsed. CG#1 last did on 6/2/17. Was due on or before 6/2/19. Did 2/5/20.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(a)(4)
No approved caregiver in the home upon this RN arrival. A caregiver and daughter from the home next door were present. That caregiver is not only not a caregiver of record, but does not meet the requirements for a 3 client home as he has less than 1 year experience as a caregiver.

41.(j)(2) No substitute caregiver available for first 15 minutes of this RN inspection.

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Foster Family Home Physical Environment [11-800-49]

49.(c)(2) The primary or substitute caregiver shall follow infection control procedures and proper procedures for disinfecting equipment and devices used in the care of the client; and

Comment:

49.(c)(2) Home has dirty/unsanitary refrigerator door, front door with noticeable dirt , garbage can with streaks and overflowing. Dog pee pads/paper towels on floor is unsanitary.

49.(c)(3) There are trip hazards: dog pee pads, clutter in living room, two rugs on bathroom floor. All provide a safety hazard for clients and staff.

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e)
50.(e)(1) Home was unprepared for review. When secondary caregiver arrived, she was unsure where client records, medications and Primary caregiver records were. It was approximately 15 minutes after arrival that this RN was given the records requested upon arrival.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)
CG#2 not on liability insurance.

Foster Family Home Records [11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

Comment:

54.(b)(1)
Records were not in order or easily accessible upon arrival.

Julie A. Madonep RN,BSN 6/17/2020
Compliance Manager Date
[Signature] 6/17/2020
Primary Care Giver Date

CTA RN Compliance Manager: Julie Hastings

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Jociel Domingo-Nones

(PLEASE PRINT)

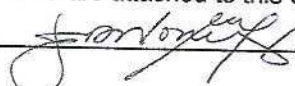
CCFFH Address: 98-259 Hekaha St., Aiea HI, 96701

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a) (2)	Lapse can not be corrected.	07/01/20	PCG uploaded a calendar APP as a back-up reminder for all the important dates besides from writing it down on the home calendar. It is set for 2months before due date.
41.(a) (4)	PCG returned home.	07/01/20	Home will always have approved caregiver in the home that is CTA certified for 3 clients.
41.(j) (2)	PCG returned home and reminded the caregiver that he/she can not leave the house while watching the patients.	07/01/20	PCG will do a random video-call check if the SCG is at the house. Will also make sure that they understand that they can not leave the house to unapproved caregivers.
49(c) (2)	PCG and HHM did a general cleaning of the house. PCG provided cleaning materials and disinfectant for the house.	07/01/20	PCG and HHM will keep the house clean by cleaning ASAP and weekly and not wait things to pile up so that we can minimize unnecessary site of dirt and unsanotary home.

All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: 09/17/20

CTA has reviewed all corrected items

CTA RN Compliance Manager: Julie Hastings

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Jociel Domingo-Nones

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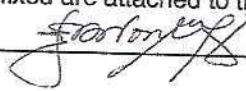
CCFFH Address: 98-259 Hekaha St., Aiea, HI 96701

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
49.(c) (3)	PCG and HHM throw away all safety hazards	06/25/20	PCG and HHM will make sure to organized or trash all unnecessary safety hazards and keep things into minimal to prevent it from piling up.
50.(e)	A filing cabinet was provided and organized intended for the CCFFH needs.	07/01/20	PCG will give training and drills to all the HHM and SCG's. Will orient all the SCG's how to fill up the forms and where all be placed. Binders will be fixed by the PCG to prepare it from all the circumstances.
51.(a) (1)	CG#2 was already added on the liability insurance.	08/28/20	PCG will make sure to update all SCGs and HHM file everytime that will take off or add.
54.(b) (1)	PCG put the records in a filling cabinet and it is also organized, ready when its needed. Followed the Table of Contents provided.	06/25/20	PCG,SCG and HHM will make sure to put all the appropriate forms and binders in place daily to prevent it from being scattered.

All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: 09/17/20

CTA has reviewed all corrected items