

Foster Family Home - Corrective Action Report

Provider ID: 2-618936

Home Name: Josephine Javar, LPN

Review ID: 2-618936-6

94-6264 Puka Street

Reviewer: Lori O'Keefe

Naalehu HI 96772

Begin Date: 3/3/2020

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

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

Comment:

6.d.1 - Annual inspection of this 3 bed home completed. The home was issued a corrective action report (CAR) with a corrective action plan (CAP) due back to CTA before 3/31/2020.

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's 1-3 lack current Adult Protective Service/Child Abuse and Neglect background check. Last on file in home binder for CG#1 dated 7/19/17, CG#2 dated 3/9/13, CG#3 dated 3/9/13.

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

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.c.1 - There is no consent to release medical information in the client chart. There is no "signature form" as referred to for review of confidentiality, grievance, and client rights policies. The policy explanation pages are in the chart.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(1) The primary caregiver must be at least twenty-one years old, and the substitute caregiver shall be at least eighteen years old;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.a.3 - CG#2 has no evidence of in home job experience in the home binder.

41.b.1 - CG#2 has an expired(2014) State ID card on file.

41.b.7 - CG#2 has expired TB clearance. Last dated 2/28/18. No current clearance in the home binder.

41.b.8 - CG#2 had a lapse of the CPR/First aid training. This was due by 1/7/19 but not done until 2/2/19.

41.b.8 - CG' 1-3 do not have current Blood borne pathogen training certificated in the home binder. CG#1 and #3 were due by 4/22/19, CG#2 was due by 3/15/19.

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Foster Family Home

Fire Safety

[11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.a - Home is not conducting/documenting monthly fire drills. Last documented fire drill is 2/1/19.

Foster Family Home

Physical Environment

[11-800-49]

- 49.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

Comment:

49.d.1 - The home had a water leak in the lower level living room that required the ceiling drywall to be cut out to replace water lines. The home has not repaired the ceiling which remains open to the floor of the second level. There is no access from the outside of the home.

Foster Family Home

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 - Current service plan is not signed by the client or surrogate.

54.c.5 - There is no Medication Administration Record for March 2020, therefore unable to determine if medications are being given daily and as ordered.

54.c.6 - Daily care and observation/ADL flowsheet has not been documented on since 2/9/20, therefore unable to confirm completion of daily assigned care tasks.

Lori O'Keefe
Compliance Manager

Joyhine Javan
Primary Care Giver

3/3/2020
Date

3/3/2020
Date

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

CCFFH Name: Josephine Javar

CCFFH Address: 94-6264 Puka Street, Naalehu, HI 96772

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.2	Adult Protective Services/ Child Abuse & Neglect background check: Obtained and placed into home binder.	4/15/20	Home use calendar on iPhone and input all due dates to prevent any future lapses.
16.c.1	Consent to release information obtained. It is placed into client's binder.	4/01/20	Home will provide a checklist in front of the binder that needs to be signed by clients.
41.b.8	Bloodborne Pathogens training certificates obtained. It is placed into home binder.	3/30/20	Home has developed a schedule and has posted on the refrigerator.

Primary Caregiver's Signature: Josephine Javar

Print Name: Josephine Javar

Date of Signature: 5/15/2020

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CCFFH Name: Josephine Javar

CCFFH Address: 94-6264 Puka Street, Naalehu, HI 96772

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.c.5	Medication administration. Record updated. It was placed into Home binder.	3/08/20	Home must document immediately as soon as medications were given to confirm it was given.
54.c.6	Daily care and observations/ ADL's flowsheet has been updated. Forms put into Home binder.	3/08/20	Home will make sure documentations must be done on daily basis to provide safe and effective care, to manage treatment and practice standards patients care.
41.b.8 41.a.3 41.b.1 41.b.7	Lapse cannot be corrected. CG#2 was removed as my substitute in my Home for incomplete SCG requirements.	5/15/20	Home will use a wall calendar to put all due dates on. Background checks will be done at least 2-3 weeks before due dates to prevent future lapses. CG#1 will inform other caregivers when an item is due 2-3 weeks before it is due.

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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46.a	Fire drill was done by CG #1. Form has been put into home binder.	3/08/20	Fire drill must be done and documented monthly. Home developed a schedule and has it posted on the refrigerator.
49.d.1	Ceiling was repaired where had a wter leaks	3/04/20	In the future, a home will make sure to cover immediately to ensure the capability of resisting the passage of smokes and fire into the other compartment.
54.c.2	Service plan was signed by the client and RN-CM. Forms has been put into Home binder.	4/02/20	Home has developed or provide a checklist of the binder that needs to be signed to prevent any unsigned documents in the

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