

Foster Family Home - Corrective Action Report

Provider ID: 1-170076

Home Name: Joyce Agustin, CNA

99-150 Holo Place

Aiea HI 96701

Review ID: 1-170076-7

Reviewer: Maribel Nakamine

Begin Date: 10/22/2020

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

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

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during inspection with all items due to CTA within 30 days.

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)- CG#1's APS/CAN expired on 4/14/2020 and no renewal seen in CCFFH binder; Ecrim lapsed on 6/1/19 and renewed on 4/5/2020. HHM#3 without evidence of APS/CAN/Fingerprinting/Ecrim in CCFFH binder.

Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4)- Primary Caregiver Disclosure Form not updated to add an additional household member. HHM#3 seen in CCFFH during inspection and CG#1 reports that HHM#3 had been living in the CCFFH since 8/2020.

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 evidence of CG#1 trained HHM#3 with confidentiality policies and procedures and client privacy rights.

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Foster Family Home

Personnel and Staffing

[11-800-41]

41.(a)(1) Reside in the community care foster family home;

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(a)(1)- No written authorization from landlord in the Lease Agreement for CG#1 to operate a CCFFH.
41.(f)(1)- No TB clearance seen in CCFFH binder for HHM#3. TB clearances for CG#1 expired on 8/14/20, CG#2 expired on 3/5/2020, CG#3 expired on 3/21/2020, HHM#1 expired on 10/31/19 and renewed on 10/13/2020, and HHM#2 expired on 8/27/2020.

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- No evidence of CG#2, CG#3, and CG#4 conducted a monthly fire drill at least once a year.

3 Person Physical
Environment

3 Person Physical Environment

(3P) Env.

(3P)(a)(4) Env. the room must have at least three (3) feet between the beds

Comment:

(3P)(a)(4)- Client #2 and Client #3 share a bedroom- the space between beds only measured 2ft.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)- general liability insurance policy seen in CCFFH binder expired on 12/31/19.

Foster Family Home

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.

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(a)- No completed Admission Policy and Agreement for Client #2 and Client #3 in CCFFH binder.

53.(b)(9)- Client #1's bedroom has no door; a curtain is hanging in place of a door.

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Joyce Agustin

(PLEASE PRINT)

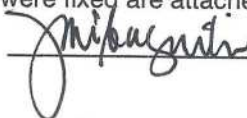
CCFFH Address: 99-150 Holo Place, Aiea, Hawaii 96701

(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.1 | CG#4 APS/CAN fitness determination date is 4/27/2020 and current year is 2020, a new APS/CAN is requested from CG#4. Lapse of ECRIM can not be corrected. HHM#3 APS/CAN is a visitor and no SSN so it is not possible to obtain ,due to the pandemic she has been not able to go home due to quarantine guidelines, flights were suspended, ECRIM has been obtained . | 11/11/2020 10/23/2020 | Home will use a calendar to put all due dates on Background checks at least 6 weeks before due date to prevent future lapses. HHM#3has been added in the disclosure as HHM and ECRIM has been obtained. Her extention/ change of status has been forwarded and received by the Immigration and awaiting for Biometrics schedule. |
| 12.4 | HHM#3 has been added in the PCG Disclosure Form. | 10/22/2020 | Home will make sure that all added Households will be up dated and reported immidiately. |
| 16.b.5 | CG#1 and HHM#3 were trained on the Cofidentiality Policies and Procedures and client privary rights including all other CG and HHM. | 11/11/2020 | Home will make sure that when there are changes in CG's or HHM will be trained, a note in the board will be posted to remind the PCG. |

All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: 11-12-2020

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

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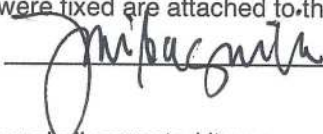
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|-------------|--|--|---|
| 41.a.1 | CG#1 requested an updated lease of agreement and contract indicating the operation of a CCFF. | 11/11/2020 | Make sure to have documented agreement from Landlord. |
| 41.f.1 | 2020 TB clearance was obtained for HH#3 CG#1 TB clearance lapsed cannot be corrected, obtained a new clearance. CG#2 obtained a new TB clearance. CG#3 obtained TB clearance 6/17/2020. Lapse cannot be corrected. HHM#1 lapse cannot be corrected. Obtained TB Clearance HHM#2 lapse cannot be corrected. Obtained TB clearance. All was placed into home record. | 10/23/2020 9/30/2020 0 11/11/2020 10/13/2020 | Home will use a spreadsheet on the computer to identify when requirements are due. CG#1 will inform other caregivers when an item is due 8 weeks before it is due and remind again after 4 weeks if did not comply yet. |
| 3P.b.6 | Conducted a Fire drill where CG #2, CG#3 were conducting CG# 4 is scheduled for 12/12/20220. | 10/26/2020 11/11/2020 | CG#1 will make sure all Caregivers and HHM will conduct a fire drill at least once a year. |

All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: 11/12/2020

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

**Community Care Foster Family Home (CCFFH)
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Chapter 11-800**

PCG's Name on CCFFH Certificate: Joyce Agustin
(PLEASE PRINT)

CCFFH Address: 99-150 Holo Place, Aiea, Hawaii 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? |
|-------------|---|-------------------------------|---|
| 3P.a.4 | Client#2 and Client #3 bed are now separated at 6 feet distance. | 10/25/2020 | CG#1 will make sure shared rooms have 3 feet distance of bed. |
| 51.a.1 | Liability insurance was placed in binder. A copy of 2020 and 2021 was placed in binder and faxed to Compliance Manager. | 10/22/2020 | CG#1 will make sure documents will be placed in binder and updated. |
| 53.a | Completed Admission Policy and Agreement for Client #1 and Client #2 were obtained from CMA and attached to binder. | 10/23/2020 | CG#1 will make sure Admission Policy will be placed in binder and client's binder. |
| 53.b.9 | A door has been installed on Client#1's room. | 10/28/2020 | Home will make sure that all rooms will have a door that client can lock. |
| 54.c.1 | Facesheet of client #3 has been obtained and updated by CMA | 10/23/2020 | Make sure all binders are updated and no missing papers. |
| 54.c.5 | Client #3 medication that was not available, called PCP to have it refilled or D/C if not needed. PCP, discontinued. | 10/23/2020 | Make Sure all medications will be kept and refilled. |
| 54.c.6 | Client #2's ADL Care flowsheet was updated. | 10/22/2020 | Make sure to record on their charts daily. |

All items that were fixed are attached to this CAP

PCG's Signature: *Joyce Agustin*

Date: 11/12/2020

CTA has reviewed all corrected items