

Foster Family Home - Corrective Action Report

Provider ID: 1-160014

Home Name: Krystle Agaton, CNA

94-334 Pupukahi Place

Waipahu

HI 96797

Review ID: 1-160014-6

Reviewer: Julie Hastings

Begin Date: 2/14/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Annual inspection conducted for this 3 bed home. A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 3/16/2020.

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.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.
- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 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.
- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.
- 41.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:
- 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:

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41.(a)(3)

No work experience present for CG#3, CG#4 and CG#5 in chart.

41.(a)(4)

No substitute caregiver available when CTA arrived. A Family member that does not live in the home was tending to the clients upon arrival.

41.(b)(4)

No disclosure form in binder for CG#3

41.(b)(7)

TB lapsed for CG#2, CG#3 and CG#5.

CG#2 did on 11/28/2018. Was due on or before 11/28/2019. No Current TB on file.

CG#3 did on 4/27/2018. Was due on or before 4/27/2019. No Current TB on file.

CG#5 did on 5/25/2018. Was due on or before 5/25/2019. No current TB on file.

41.(b)(8)

CG#3 CPR/First Aid lapsed/expired. It was due on or before 11/21/2019. No current CPR/First Aid on file.

CG#4 CPR/First Aid and Bloodborne Pathogen lapsed/expired. It was due on or before 11/21/2019. No current CPR/First Aid on file.

CG#5 CPR/First Aid and Bloodborne Pathogen lapsed/expired. It was due on or before 11/21/2019. No current CPR/First Aid on file.

41.(e)

CG#4 and CG#5 not approved for 3 Client home by CTA.

41.(g)

No RN skills check for CG#2, #3, #4, #5 for Client #1.

41.(j)

41.(j)(2)

Primary caregiver not in home upon CTA arrival. No approved substitute caregiver available in the home for approximately 1 hour after CTA arrival.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(a)(5) Staff

CG#3 did not complete 12 hours of annual education for 2019.

(3P)(b)(2) Staff

Caregiver sign in/sign out sheet has not been documented since January 2019.

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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.

~~43.(c)(4)~~

~~include the provision of personal care, homemaker, and respite services as appropriate;~~

RECORDED SH 2/13/20

Comment:

43.(c)(3)

No RN delegation for CG#2 or CG#4 for Client #1.

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire

shall be conducted monthly

(3P)(b)(6) Fire

shall include all SCGs at least once per year

Comment:

(3P)(b)(1) Fire

Last Fire Drill recorded for 2019 was 2/16/2019

(3P)(b)(6) Fire

No Fire Drill on record for CG#2, #3, #4 for 2019. All Caregivers must conduct a minimum of one fire drill annually.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c)

Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)

No medication side effects for Client #1

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(5)

An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

~~49.(a)(5)~~

~~No operating smoke detector in kitchen (battery dead or not operational).~~

~~No operating smoke detector near Client #1 (bedroom is distant from others)~~

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(b)

The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b)

No current budget on home. Last was 2018.

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Foster Family Home

Records

[11-800-54]

- 54.(a) Each home shall maintain an administrative notebook including but not limited to
- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 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.(a)

54.(b)(1)

Home and Client Binders not available for review upon CTA arrival for Approximately 1 hour until CG#1 arrived back to home.

54.(c)(2)

Service plan for Client #3 is more than 6 months old. Last done on 6/2019.

54.(c)(5)

Medication administration record is not complete for Client #1, #2 or #3. Last entry for each is December 31-January 17 2020.

Medication administration record for Client #2 does not match MD orders or bottles.

Julie Mastrop BSN, RN
Compliance Manager

J. Agator
Primary Care Giver

2/14/2020
Date

2/14/2020
Date

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

CCFFH Name: KRYSTLE G. AGATON
 CCFFH Address: 94-334 Pupukahi Place Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(a)(3)	PCG, collected the work experienced form of present CG #3, CG #4 and CG #5 and put in PCG Binder properly.	02-26-20	PCG made list for any missing documents required for the caregivers on job experienced and had SCG's Job Experienced form was signed.
41.(a)(4)	PCG Returned Home	02-16-20	PCG will require an approved caregiver to be in the home at all times.
41.(b)(4)	PCG secured copy of Disclosure form in binder for CG #3 in proper arrangement.	02-16-20	PCG will ensure that all records are in place prior to added as SCG. Document checklist placed on front of binder.
41.(b)(7)	PCG had TB test screen form for SCG #2, CG #3 and CG #5 w/ current date on files and properly put in binder as ordered.	03-08-20	PCG made a list for update expiration documents as per SCG TB test screen form, will make a reminder list.
41.(b)(8)	CG #3 had recent CPR/ First Aid training secured it on file binder	03-06-20	PCG made a list for updating expiration for CG's CPR/ First Aid training and secured properly in PCG's Binder.

Primary Caregiver's Signature: *Krystle Agaton*

Print Name: KRYSTLE AGATON

Date of Signature: 03-10-2020

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

CCFFH Name: KRISTLE G. AGATON
 CCFFH Address: 94-334 Pupukahi Place Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41b8	CG#4 had recent CPR/ First Aid and bloodborne Pathogen training, secured it on file binder	03-04-20	PCG made a list of trainings for those who will expire the trainings and organize it on PCG binder. Same as all Caregivers documents. PCG will put reminder calendar for Caregivers to have their trainings before documents will expired. PCG will make sure CG's are able to do care w/ CTA approval for 3 bed client CCFFH
	CG#5 had recent CPR/ First Aid and Blood borne training Secured it on File binder.	03-03-20	
41(b)	PCG, request application for Approval of CG#4 for 3bed client CCFFH from CTA same as CG#5.	03-02-20	
House - fire & safety			PCG will set calendar days with all CG's for Fire drill and have them sign then put it organize in PCG's binder. Fire drills will be monthly
(3P)(b)(7)	- Lapsed cannot be corrected		

Primary Caregiver's Signature: Kristle Agaton

Print Name: KRISTLE AGATON

Date of Signature: 03-10-20



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CCFFH Name: KRYSTLE G. AGATON
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Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41. (g)	- PCG secured for RN skills check from CMA for CG # 2, #3, #4 & #5 to perform on client #1	03-10-20	- PCG set checking skills delegation from CMA to all caregivers for RN skills to perform on all clients
41. (j) 41. (j)(2)	- PCG returned home	02-18-20	- PCG will always have approved SCG in home when PCG is away. CTA.
3R(a)(5)	- staffing	03-06-20	- Home will require all caregivers to have a minimum hours of 16 hours annual training calendar. Place in binder zone.
(3P)(b)(2)	- Lapsed cannot be corrected	02-21-20	- PCG will put with in record of all CG's the sign in/out to make sure all CG's signs. Update and documents then put on binder.

Primary Caregiver's Signature: fly Agaton

Print Name: KRYSTLE G. AGATON

Date of Signature: 03-10-20

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

CCFFH Name: KRYSTLE AGATON
 CCFFH Address: 94-334 Pupukahi Place, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(3P) (5) (6)	- lapse cannot be corrected	02-22-20	All CG will conduct a minimum of one drift annually calendar reminder placed in Binder.
<u>Medication</u>			
47. (c)	PCG secured copy of medication side effects of Client #1 from the pharmacy	02-24-20	PCG make sure all medications of client must get drug literature from pharmacy.
<u>Physical Environment</u>			
49. (a) (5)	PCG provided the smoke detector at kitchen and near client #1 room w/ active and battery fully operational.	02-16-20	House will ensure smoke detector will be near clients rooms and kitchen kept in working monthly battery check will be made
(52) (b)	PCG secured copy of current monthly budget dated year to present.	02-19-20	PCG will list monthly budget and set days for future listing.
<u>PF Home Records</u>			
54 (6) (1)	PCG returned w/ clients books	02-17-20	PCG made a specific locker for clients book/charts, PCG binder, informed CG's where to get & keep.

Primary Caregiver's Signature: Kry. Agaton

Print Name: KRYSTLE G. AGATON

Date of Signature: 03-10-20

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

CCFFH Name: **KRYSTLE G. AGATON**
 CCFFH Address: **94-334 Pupukahi Place Waipahu HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54(c)(2)	PCG gathered latest Service plan for Client #3 from CMA, done last 12/2019.	02-29-20	Home will require all service plans to be updated every 6 mos. RN Case M/A to review. PCG always do daily sign/log for clients medication for all clients. PCG always send MP's order and check it always w/ CMA to match the medications.
54(c)(5)	PCG completed records client medication administration for client #1, #2 & #3 as daily basis	02-16-20	
	PCG Medication administration record for client #2 reconciled to CMA MAR and MD orders will match on bottles and corrected of present.	2-19-20	
43(w)(3)	CG #2 and CG #4 have delegation now for client #1	2-29-20	All Caregivers will have delegation in 1 month after new client or starting for me.

Primary Caregiver's Signature: *Krystle Agaton*

Print Name: KRYSTLE G. AGATON

Date of Signature: 03-10-20