

Foster Family Home - Corrective Action Report

Provider ID: 1-160030

Home Name: Leoven Deloso, NA

Review ID: 1-160030-8

94-502 Kahualena Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 3/20/2020

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 made for a 2 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

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;

Comment:

8.(a)(1)4 new House hold members have not been cleared with Fingerprinting or APS/CAN Check

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) 4 new Household members have not signed confidentiality policy and procedures or clients right

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

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

Comment:

41.(f)(1) 4 new Household members have not had tuberculosis clearance

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) No fire drill conducted since 6/07/2019

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Foster Family Home **Fiscal Requirements** **[11-800-52]**

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(c) Rental agreement does not include a statement of the home being used as a CCFFH

Foster Family Home **Client Rights** **[11-800-53]**

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;

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.b.9 Under the My Choice My Way and new federal rules, clients must be able to lock their bedrooms and caregivers have a safe way to access in case of an emergency. One client bedroom door has the lock on the outside of the bedroom instead of the inside

53.(b)(15) written visiting hours are limited to 10am-4 PM

Foster Family Home **Records** **[11-800-54]**

54.(c)(3) Current copies of the client's physician's orders;

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

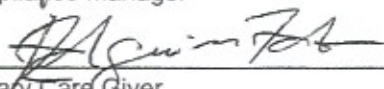
Comment:

54.c.5 Medication discrepancy for client #1 – 1 medication prescription label did not match medication administration record for [REDACTED] there is no record of daily blood pressures and listed in service plan

54.(c)(3) There is no signed Doctors orders for client #1



Compliance Manager



Primary Care Giver

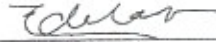
3/20/2020
Date

3/20/2020
Date

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

CCFFH: Leoven Deloso, NA
 CCFFH: 94-502 Kahualena Street, Waipahu, HI 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|--|
| 8.a.1 | Fingerprint and APS/CAN for household member was done. Results [REDACTED]. Placed in the administrative binder. | 04/13/2020 | Always check, update, and place in binder one month before and after renewal of license. |
| 16.b.5 | Confidentiality/privacy policy signed by caregivers and adults in the home. Provided the training to all employees and other adults in the home on client privacy right. Placed in administrative binder for Home Record. | 04/13/2020 | Double check all needed signatures are present on paperwork before employees begin to work and before adults live in the home. |
| 41.f.1 | Household member provided proof of current TB clearance. Both results [REDACTED] and placed in the administrative binder. | 04/13/2020 | TB clearances for household are to be kept in the administrative binder at all times. |
| 46.a | Current fire drill has been placed in the administrative binder. | 04/13/2020 | Fire drills will be done once per month. |
| 52.c | Rental Agreement with statement of the home being used as CCFFH. Placed in administrative binder. | 04/13/2020 | Always check that all necessary documentations are present in the administrative binder. |
| 53.b.9 | Client bedroom lock has been changed. I have installed a door sensor and a call bell will be placed in the bedroom for the patient to use. | 04/13/2020 | Make sure to provide close supervision to patient. Check up on patient at all times. |
| 53.b.15 | No written visiting hours limited implemented. | 04/13/2020 | In order to follow the My Choice, My Way Program, be sure to open my home without visiting hours. |

Primary Caregiver's Signature: 
 Print Name: Leoven Deloso Date: 4-13-20

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|--------|--|------------|---|
| 54.c.3 | Current physician's order placed in client's binder. | 04/13/2020 | Bring the form for the physician to sign and place it in client's binder after physician visit. |
| 54.c.5 | Daily blood pressure list is placed in the client's binder. Doctor's order for Client #1 has been placed in client's binder as well. | 04/13/2020 | Do binder checks every two weeks. Make sure the charts are up updated everyday. |

Primary Caregiver's Signature: _____

E. Deloso

Print Name: Leoven Deloso

Date: 4-13-20