

Foster Family Home - Corrective Action Report

Provider ID: 1-586240

Home Name: Luzviminda Alcon, CNA

Review ID: 1-586240-10

94-309 Waikele Road #1

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/28/2021

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 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due on 2/28/2021.

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), (2)- No APS/CAN/Fingerprinting present in the CCFFH binder for HHM#4.

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 confidentiality policies and procedures and client privacy rights training present for CG#2, CG#3, HHM#3, and HHM#4.

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

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.(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.

Comment:

41.(b)(7)- CG#2's TB clearance expired on 1/16/2020; CG#3's expired on 1/18/2020; HHM#4 without a TB clearance present in the CCFFH binder.

41.(b)(8)- CG#3's CPR/First Aid certifications expired on 1/2020 and no renewal present. CG#2 and CG#3's Bloodborne Pathogen and Infection control not presently seen in the CCFFH binder.

41.(g)- No Basic Skills Checklist done for CG#2 and CG#3 on Client #1.

Foster Family Home - Corrective Action Report

Foster Family Home

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.

Comment:

43.(c)(3)- No RN delegations present for CG#2 and CG#3 on [REDACTED] on Client #1.

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a)- No completed monthly fire drills from February 2019 thru December 2020.

46.(b)(2)- CG#3 and CG#4 had not conducted a monthly fire drill for the past 12 months.

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 medications list of side effects present in Client #1's binder/chart.

Foster Family Home

Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a)- No written client account record present in Client #1's binder. Per CG#1, she is in charge of client's monthly allowance that was being deposited in client's bank account. CG#1 unable to produce a written statement of client's balance from the bank.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(a)(4)- Emergency exit door near the kitchen was obstructed with a cat litter box/container, several bowls, household items, etc. preventing a clear pathway in the event of an emergency.

49.(c)(3)- CCFFH front metal gate was broken/loose which can possibly fall on a person while passing through; front gate was noted to be the main entrance/exit for the CCFFH.

49.(e)- No smoking policy present in the CCFFH.

Foster Family Home - Corrective Action Report

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

51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH's General liability insurance policy expired on 1/1/2021. No current renewal present in the CCFFH binder.

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

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a)- No current written bank account statement/monthly budget present in the CCFFH binder.

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

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

Comment:

53.(b)(15)- No visiting hours and provisions present in the CCFFH.

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;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2)- Client #1's Service Plan expired on 8/17/2020; Service Plan dated 2/17/2020 did not contain signatures of client/POA/Guardian, MD, and Primary Caregiver/CG#1.

54.(c)(5)- Medication Administration Record of Client #1 was last signed on 1/16/2021.

54.(c)(6)- Client #1's ADL/Daily Care Flowsheet was last signed on 1/16/2021.

54.(c)(6)- No Monthly RN Visit/Summary Notes or Telehealth present in Client #1's chart/binder since March of 2020 thru December 2020.

Marilyn Nakasone, R

Compliance Manager

1/28/2021

Date

Christina Olson

Primary Care Giver

1/28/2021

Date