

Foster Family Home - Corrective Action Report

Provider ID: 1-190025

Home Name: Lorna Lobusta, CNA

Review ID: 1-190025-6

1265 Noelani Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 2/2/2021

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 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due on 3/2/2021.

PCG requests to increase to a 3 client CCFFH.

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)- CG#1's APS/CAN lapsed on 1/10/19 and renewed on 3/14/19. CG#2's APS/CAN lapsed on 2/28/2020 and renewed on 6/12/2020. CG#3's APS/CAN lapsed on 9/23/2020 and renewed on 10/15/2020. CG#4's APS/CAN/Fingerprinting lapsed on 1/2/2021 and renewed on 1/7/2021. CG#5's APS/CAN lapsed on 5/15/2020 and no current renewal present in the CCFFH binder. CG#6's APS/CAN lapsed on 5/28/2020 and renewed on 10/14/2020.

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 confidentiality policies and procedures and client privacy rights training done for CG#6.

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

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

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

Comment:

41.(a)(1)- No written authorization from landlord to operate a CCFFH in current Rental Agreement.

41.(b)(7)- CG#2's TB clearance expired on 2/25/2020 and no current renewal present; CG#5's TB clearance also expired on 4/5/2020 and no current renewal present in the CCFFH binder.

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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.

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

Comment:

46.(a), (b)(2)- June 2020 monthly fire drill was incomplete- no signature of CG#4, no total of smoke detectors checked, no total minutes of how long the fire drill was. Also times were not varied- no morning fire drills conducted for the past 12 months. CG#6 had not conducted a monthly fire drill for the past 12 months.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(d), (1), (2), (3)- No MD order present on Client #1's [REDACTED].

47.(e)- No instructions/training present for CG#1, CG#2, CG#3, CG#4, CG#5, and CG#6 on [REDACTED] G#1 reported to CTA [REDACTED] and unable to find an MD order in Client #1's chart).

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#6 had not been trained on the Emergency Preparedness Plan- no signature noted in the form.

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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)(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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2)- Client #1's Service Plan dated 12/13/2020 was without signatures of Client/POA and MD; Client #2's Service Plan dated 1/1/2021 contained no signatures of Client/POA, CMA RN, MD, and CG#1.

54.(c)(6)- December 2020's RN Visit/Summary note was not present in Client #1's chart.

54.(c)(8)- Personal Inventory Checklist Form was blank for Client #1.

Maribel Nakamine, RN
Compliance Manager

Wesley Ledwith
Primary Care Giver

2/2/2021
Date

2/2/2021
Date