

Foster Family Home - Corrective Action Report

Provider ID: 2-587462

Home Name: Carmen Sanchez, CNA

Review ID: 2-587462-10

45-542 Pikake Street

Reviewer: Terri Van Houten

Honokaa

HI 96727

Begin Date: 3/23/2021

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 4/23/21.

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) - HHM#3 does not have state name check (eCrim) or fingerprinting.

8.(a)(2) - HHM#3 does not have APS/CAN

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

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

Comment:

12.(4) - HHM#3 was added to the CCFFH in November 2020, but was not added to the PCG disclosure statement.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

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)(3) - CCFFH did not have evidence that Client #1 was provided with the CCGH's confidentiality practices.

16.(b)(5) - CCFFH did not have evidence that CG #1, 2 or 3 and HHM #3 have Confidentiality and privacy training

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Foster Family Home	Personnel and Staffing	[11-800-41]
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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.(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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(4) - CG#1 and #2 did not have a disclosure form in their records.

41.(e), 41.(f)(1) - HHM #3 did not have a file started and did not have a current TB clearance.

Foster Family Home	Fire Safety	[11-800-46]
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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) - CCFFH did not have evidence that monthly fire drills were conducted for 2020 and 2021 YTD. Last documented fire drill was from 12/2019.

Foster Family Home	Fiscal Requirements	[11-800-52]
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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) - CCFFH did not have evidence of fiscal records. Last documented in 2019.

Foster Family Home	Client Rights	[11-800-53]
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53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) - CCFFH had posted visiting hours that indicated time of visits were limited. Per federal regulations, "My Choice, My Way", CCFFH is required to allow for open visitation hours.

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Foster Family Home

Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

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

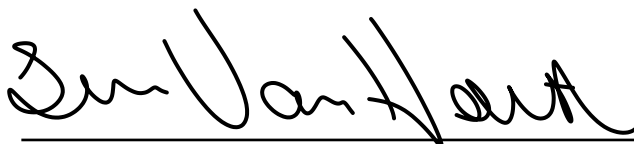
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to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

Comment:

54.(a)(3) - CCFFH was not able to produce a list of applicable community resources.

54.(c)(5) - Medication record was last documented on 3/9/21. One medication is ordered daily, but has not been administered for 3 days because it has not been picked up yet from the pharmacy.

54.(c)(6)-Daily flow sheet last documented on 3/9/2021



Compliance Manager



Primary Care Giver



Date



Date