

Foster Family Home - Corrective Action Report

Provider ID: 1-190062

Home Name: Devan De Rego, CNA

Review ID: 1-190062-4

224 Lanialii Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 5/19/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA 6/19/2021.

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)- CG#1's APS/CAN/Fingerprinting lapsed on 7/16/2020 and renewed on 4/26/2021.

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 for CG#3, HHM#2, and HHM#3.

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

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)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(4)- No completed Substitute Caregiver Disclosure Form present for CG#3.

41.(b)(8)- Bloodborne pathogen and infection control training lapsed for CG#1 on 6/3/2020, for CG#2 on 7/11/2020, and for CG#3 on 7/5/2020.

41.(c)- No annual training for CG#1 of 12 hours in 2020 and for CG#2 also without an annual training of 8 hours in 2020.

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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 delegation for CG#3 on [REDACTED] on Client #1; For Client #2, no [REDACTED] delegation for CG#3.

Foster Family Home **Fire Safety** **[11-800-46]**

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

Comment:

46.(b)(2)- No evidence of CG#2 and CG#3 conducting a monthly fire drill for the past 12 months.

Foster Family Home **Medication and Nutrition** **[11-800-47]**

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.(e)- CG#3 without evidence of having gone through training/instructions [REDACTED] on Client #1.

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)- No evidence present for having CG#2 and CG#3 trained with the CCFFH's Emergency Preparedness Plan.

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;

Comment:

54.(c)(2)- Client #1's Service Plan dated 2/15/2021 without the client's POA's signature.

Mawikel Nakomwe, RN 5/19/2021

Compliance Manager

Date

[Signature]

5/19/21

Primary Care Giver

Date