

Foster Family Home - Corrective Action Report

Provider ID: 2-090047

Home Name: Dino Cacpal, CNA

Review ID: 2-090047-13

15-1360 Poni Moi Street

Reviewer: Terri Van Houten

Kea'au HI 96749

Begin Date: 4/14/2021

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 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 5/14/2021.

PCG stated he has notified the CMA of his current client that he intends to close the CCFFH. Awaiting client placement before he identifies a closure date.

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

Comment:

41.(b)(4) - CG#1 did not have a current PCG disclosure form. CG#3 did not have a current SCG disclosure form.

41.(b)(7) - CG#3 did not have a current TB clearance in the records.

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) - Client #1 did not have a list of current medication side effects in the records.

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) - Client #1 did not have a written accounting of their personal funds received and expended on the client's behalf by the home.

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Foster Family Home Physical Environment [11-800-49]

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

Comment:

49.(e) - The CCFFH did not have a documented policy regarding smoking on the property.

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) - The CCFFH did not have a documented internal emergency management policy and procedure.

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

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) - The CCFFH did not have fiscal records or documents that reflects funds received and expenditures of any nature related to the CCFFH's operation.

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

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

Comment:

53.(b)(15) - The CCFFH did not have documented visiting hours established

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) - The CCFFH did not have a list of applicable community resources.

54.(c)(5) - Client #1 MAR was last documented on 4/10/21

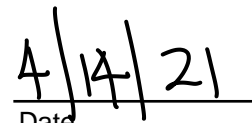
54.(c)(6) - Client #1 ADL flowsheet last documented on 4/10/21



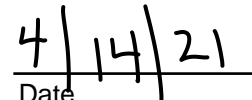
Compliance Manager



Primary Care Giver



Date



Date