

# Foster Family Home - Corrective Action Report

Provider ID: 1-563818

Home Name: Efgeni Koh, CNA

Review ID: 1-563818-8

94-478 Kalukalu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/21/2020

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

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

Comment:

Annual inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with items due to CTA within 30 days.

6.(d)(1)- see applicable sections of the review

## 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 and CG#2 APS/CAN lapsed on 9/19/19 and renewed on 10/3/19. CG#4's APS/CAN/ Fingerprinting lapsed on 9/5/19 and renewed on 9/23/19. HHM#4 was without evidence of current APS/CAN/Fingerprinting or Ecrim in the CCFFH binder.

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<b>Foster Family Home</b>	<b>Personnel and Staffing</b>	<b>[11-800-41]</b>
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- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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- 41.(b)(5)(A) When the caregiver does not have a valid driver's license, does not have access to an insured vehicle, or both, a written alternative transportation plan shall be submitted to the department for approval;

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- 41.(b)(5)(B) The transportation plan may include but is not limited to the use of a handivan, taxi, or a substitute driver;

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

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- 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.

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- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

**Comment:**

41.(b)(5), (b)(5)(A), (B)- No completed Alternate Transportation Plan form in the CCFFH binder. CG#1's Driver License copy in the CCFFH binder expired on 5/24/2020, CG#2's expired on 12/20/2020, CG#3's expired on 8/13/2020.  
 41.(b)(8)- CG#2's CPR certification training expired on 2/2020, CG#3's expired on 9/19/20, and CG#4's expired on 1/2020 and no current renewals seen in the CCFFH binder. CG3's First Aid certification training expired on 9/19/2020 and no renewal seen in the CCFFH binder. CG#1's Blood borne certification training expired on 8/31/2020, CG#2's expired on 9/19/2020, and CG#4's expired on 6/20/19- all had no renewals seen in the CCFFH binder.  
 41.(c)- CG#1, CG#2, CG#3, and CG#4 had no completed annual in service training for the past 12 months.  
 41.(f)(1)- TB clearances for CG#2 expired on 2/6/2020, CG#3's expired on 10/30/19, and CG#4's expired on 1/6/2020. No renewals seen in the CCFFH binder.

<b>Foster Family Home</b>	<b>Fire Safety</b>	<b>[11-800-46]</b>
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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)- No completed monthly fire drills seen in the CCFFH binder for the months of November 2019, December 2019, January 2020, February 2020, March 2020, April 2020, May 2020, and November 2020.

<b>Foster Family Home</b>	<b>Quality Assurance</b>	<b>[11-800-50]</b>
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- 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 completed Emergency Preparedness Plan in the CCFFH binder. CG#2, CG#3, and CG#4 were without evidence of having had training in the emergency preparedness plan.

<b>Foster Family Home</b>	<b>Insurance Requirements</b>	<b>[11-800-51]</b>
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- 51.(a)(1) General;

**Comment:**

51.(a)(1)- CG#1's general liability insurance policy in the CCFFH binder expired on 11/30/2020.

# Foster Family Home - Corrective Action Report

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)- No monthly budget seen in the CCFFH binder for the past 12 months.

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

53.(a)      Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(1)      Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out.

Comment:

53.(a), (b)(1)- No completed Admission Policy and Agreement done for Client #1 and Client #2 upon admission to 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 11/16/19 and Client #2 was without a Service Plan in the chart/binder.

54.(c)(5)- Medication Administration Record for the month of November 2020 contained no signatures of caregiver on November 23, 2020 thru November 30, 2020 for Client #1. Client #2- no Medication Administration Record seen in the client's binder for the month of October 2020, November 2020, and December 2020.

54.(c)(6)- Last RN Visit Summary for Client #1's chart was on 8/14/19. For Client #2- no RN Visit Summary seen for October 2020 and November 2020.

No admission notes and progress notes of CG#1 seen in Client #2's chart.

Thavikal Nakaraine, MSW  
Compliance Manager

FRGENI KOH JPL  
Primary Care Giver

12/21/2020  
Date

12/21/20  
Date

CTA RN Compliance Manager: Maribel Nakamine

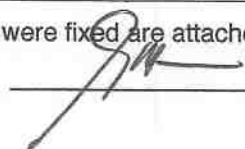
Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Efgeni Koh  
(PLEASE PRINT)

CCFFH Address: 94-478 Kalukalu Street, Waipahu Hawaii 96797  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a) (1), (2)	Lapsed APS/CAN for CG#1 and CG#2, and APS/CAN/ Fingerprinting for CG#4, cannot be corrected. HHM#4 APS/CAN/ Fingerprinting or Ecrim was obtained and placed it into CCFFH binder.	12/22/20  01/05/21 01/14/21	Home will make sure to obtain APS/CAN/Fingerprinting or Ecrim at least 3 weeks prior expiration , and will use calendar or laptop to input the due dates to avoid any future lapses.
41.(b) (5),(b) (5)(A), (B)	Alternate Transportation Plan form completed and placed it in the CCFFH binder. CG#1,2 and 3, current driver license was obtained and placed a copy on the CCFFH binder.	12/23/20  09/11/19 12/23/20  07/31/20  0	Home will make time frame to update the requirements for at least one month prior expiration so that they can get done before due dates. And will make sure have a copy on CCFFH binder.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 1/14/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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Written Corrective Action Plan (CAP)  
Chapter 11-800

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CCFFH Address: 94-478 Kalukalu Street Waipahu Hawaii 96797  
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(b) (8)	CG#2,3 and 4 updated CPR certification training and First Aid for CG#3 was obtained and placed it into CCFFH binder. And also CG#1,2 and 4 current Blood borne certification training was obtained and placed in the CCFFH binder.	2/18/20 12/15/20 01/09/20 0 12/24/20 0 12/26/20 0 12/26/20 0	Home will keep record updated and will use a calendar or a reminder app. to the phone at least 2 months prior, to keep training updated as required.
41.(c)	Annual in-services training for CG#1,2,3 and 4 were obtained and placed it into CCFFH binder	12/31/20	CG#1 will make sure all training is done and updated as required , and will set a reminder and mark the calendar at least 2 months prior, to keep up to dates.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 1/14/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(f) (1)	Current TB clearances for CG#2 ,3 and 4 were obtained and placed it into CCFFH binder.	2/18/20 9/08/20 12/10/20	CG#1 will make time frame to update the requirements for at least 2 months before they expire so that the can get done in a timely manner.
46.(a)	Unannounced monthly fire drills for the months of Nov. 2019, Dec. 2019, Jan. 2020 to May 2020, and Nov. 2020 were obtained and placed it into CCFFH binder.	12/23/20	Home will make sure current and updated records are placed on CCFFH binder and properly arranged so that it will easy to find when need it.
50. (a)	Emergency Preparedness Plan was obtained and placed it into CCFFH binder, CG#2,3 and 4 has been trained and had their signature.	12/23/20	Home will make sure all records its filed on the CCFFH binder and have signatures of all caregivers .

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 1/14/21

CTA has reviewed all corrected items

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CCFFH Address: 94-478 Kalukalu Street, Waipahu Hawaii 96797  
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
51.(a) (1)	Current General liability insurance policy was obtained in placed it into CCFFH binder	11/24/20	CG#1 will set a reminder and mark the calendar two months prior, to keep all requirements up to date.
52.(b)	Monthly budget records for the whole year 2020 completed and placed it into CCFFH binder.	12/30/20	CG#1 will make sure monthly budget records is made in every month, will make a reminder app. on mobile phone or mark on the calendar at the ends of each months to keep update.
53.(a), (b)(1)	Admission Policy & Agreement completed and signed for CI#1 and 2 and placed it into client binder	08/04/16 12/01/20	CG#1 will provide the client at the time of admission will be documented and signed, then will available upon request or when need it.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 1/14/21

CTA has reviewed all corrected items

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c) (2)	Service plan for Client#1 and 2 were obtained and updated , and placed in the client binder.	11/01/20 12/01/20	CG#1 will coordinate time with CMA RN to timely perform the necessary documentation, and have a copy on client binder. And also set a reminder app on phone so that it will get update before expires.
54.(c) (5)	Client#1 Medication Administration Record for the month of November 2020 dated from 23 to 30, 2020 has been signed. And Medication Administration Record for the month of December 2020 for Client#2 was obtained and signed, and placed it into clients binder.	12/22/20	CG#1 will make sure Medication Administration Record has been signed everyday in a timely manner.

All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

Date: 1/14/21

CTA has reviewed all corrected items



CTA RN Compliance Manager: Maribel Nakamine

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c) (6)	RN visit summary from Sep. 2019 to Nov. 2020 for Client#1 was obtained and placed it into client binder. And for Client#2, client just admitted [REDACTED] CG#1 admission notes and progress notes for Clients#2 was obtained, and placed on client binder	12/23/20	CG#1 will make sure every RN visit summary and also admission notes and progress notes will place it organized on clients files or binder as soon as its done, so that will not be misplaced or mixed up with the old files.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 1/14/21

CTA has reviewed all corrected items