

# Foster Family Home - Corrective Action Report

Provider ID: 3-180060

Home Name: Eileen P. Pomroy, CNA

Review ID: 3-180060-5

18-1639 Ihope Road

Reviewer: Terri Van Houten

Mt. View

HI 96771

Begin Date: 11/19/2020

## 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 12/19/2020.

## 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)-CG#1 and HHM#1 have not signed confidentiality training form

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

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)(8)- CG#1 - No evidence of BBP training for 2020

41.(c)- CG#1 and CG#2 do not have evidence that appropriate number of CE hours have been completed in the last 12 months.

## 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.

Comment:

46.(a) - No evidence of fire drills completed since 4/2020

# Foster Family Home - Corrective Action Report

## Foster Family Home

## Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

49.(d) When there are intended changes to the home, the department shall be notified prior to the changes occurring.

Comment:

49.(c)(3) - Client bathroom has a strong odor present, needs a deep cleaning.

49.(d)- Residential structure is zoned as 2 bedroom dwelling, CG states it is in the process of getting 2 additional rooms permitted. Currently CCFFH is using 4 rooms as bedrooms.

## 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:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a) - No evidence of internal emergency management policy in binder, no emergency preparedness plan and no evidence of Covid worksheet

50.(e) - CCFFH has a gate at the drive way prohibiting access to the home. No method to notify residence of presence at gate. (Repeat)

## 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 evidence of 2020 budget records in admin binder (repeat violation)

## Foster Family Home

## Client Rights

[11-800-53]

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

Comment:

53.(b)(15) - Visitation hours limited. Per "My Choice, My Way", visiting hours should be openly available.

# Foster Family Home - Corrective Action Report

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:

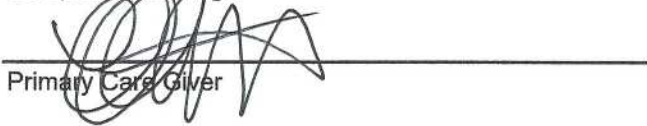
• 54.(a)(3) - No evidence of Covid worksheet present in admin binder

54.(c)(5)- Client #1 has medication discrepancies: [REDACTED] do not match between MAR, physician order and prescription bottle. [REDACTED]  
MAR reflects [REDACTED]

54.(c)(6) - Client #1-ADLs last documents 11/15, Client #2-ADLs last documented 11/16



Compliance Manager



Primary Care Giver

11/19/20

Date

11/19/20

Date

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Eileen P Pomroy

(PLEASE PRINT)

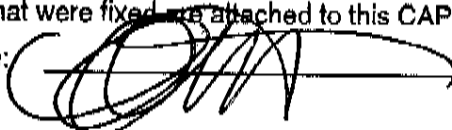
CCFFH Address: 18-1639 Ihope Road, Mountain View, HI 96771

(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?
16.(b) (5)-CG #1, HHM#1	I have obtain a signed copy of confidentiality training form, filed in my binder	11/20/20	I will have confidentiality training form in front of my binder so the compliance person can see it in my binder
41.(b) (8)-CG #1	I have obtained my BBP training certificate and put a copy in my binder.	11/20/20	I will put a reminder tab on certificate, to place my certificate in my binder to show that I have completed my training
41. (c)-CG #1, CG#2	I have obtained copies my 12 hrs of in-service training and put them in my binder	11/20/20	I will ensure that I get it gone every year and place it in my binder
46.(a)	Deficiency cannot be corrected	11/20/20	I will make sure I get all copies of in-service training from CG#2 and place it in my binder I will use a spreadsheet to track.
49.(c) (3)	I will clean patients bathroom every morning with the proper cleaning solutions	11/20/20	I will conduct fire drills every month, I will put the fire drill from on refrigerator I will ensure that it gets done daily
49.(d)	I am waiting for the drafts person/ engineer to finish up the drawings of the add-on rooms so we can proceed with the permit process	12/17/20	I will follow up daily on status of drawings

All items that were fixed are attached to this CAP

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



Date: 12/18/2020

CTA has reviewed all corrected items

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CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CGFFH Certificate: Eileen P Pomroy

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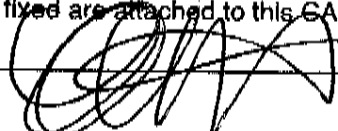
CGFFH Address: 18-1639 Ihope Road, Mountain View, HI 96771

(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?
50.(a)	I have obtained my Emergency Preparedness Plan and Covid Worksheets in my binder	11/20/20	I will make sure that the Emergency Preparedness Plan is in my binder
50.(e)	I have bought a Door Bell and placed it in my newspaper box, so visitors can ring the doorbell to let me know that they are at the gate	12/12/20	I will make sure that the door bell works properly by checking the battery is working each month
52.(b)	I now have a Monthly Budget Worksheet in my binder	12/12/20	I will make sure I keep updating my Monthly Budget Worksheet
53.(b) (15)	I have made a copy of my Visitation Hours posted on garage entry door	12/12/20	I will make sure that the Visitation Hours is Visible to the clients and visitors
54.(a) (3)	I obtained a copy of the Covid Worksheet and I put it in my binder	12/12/20	I will make sure that the Covid Worksheet is in my binder I read the CTA newsletters about Covid updates
54.(c) (5) Client# 1	Medication discrepancies was corrected by client's CMA, MD, and CG#1 on clients Medication Admin Record	12/3/20	I will make sure that the medication administration records and the bottles both match, also will notify CMA, pharmacy, and or doctor if they are different

All items that were fixed are attached to this CAP

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



Date: 12/18/2020

CTA has reviewed all corrected items

#2