

Foster Family Home - Corrective Action Report

Provider ID: 1-090094

Home Name: Erlinda Ibus, CNA

Review ID: 1-090094-10

94-1241 Halelehua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/24/2020

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 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with all 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)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#4's APS/CAN expired on 3/31/19 and no renewal seen in CCFFH binder.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

Comment:

41.(a)(2)- CG#2's CNA license expired on 11/30/19 in the CCFFH binder.

41.(a)(3)- CG#4's Job Experience form was incomplete. No indication of the dates of employment & total hours of worked in each listed facilities.

41.(f)(1)- CG#2's TB clearance lapsed on 3/12/19 and no renewal; CG#4's TB clearance also lapsed on 6/18/19 and no renewal seen in CCFFH binder.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- No completed Sign In/Out Sheet since 10/2/2015 till present in CCFFH binder.

Foster Family Home - Corrective Action Report

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- Noted that a completed monthly Fire Drill was dated ahead of day/time. Last monthly fire drill completed and with signatures of CG#1 and CG#3 was dated 12/20/2020. Today's date 11/24/2020. There was a monthly fire drill completed for 11/20/2020 and CG#1 stated that the one dated for 12/20/2020 was for the month of November 2020.

Foster Family Home

Quality Assurance

[11-800-50]

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.(e)- Noted that CCFHH's gate was locked with 2 padlocks; the distance from gate and front door was approximately 100 ft. No intercom/buzzer/bell noted on the outside of the gate; no proper way of communicating with CCFHH.

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

54.(c)(1) Client's vital information;

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.(a)(1)- No evacuation/emergency map seen in CCFHH.

54.(c)(1)- Client #2's Service Plan was incomplete. No information of client's doctor and emergency contact.

54.(c)(2)- Client #1's Service Plan dated 6/3/2020 were without signatures of CMA RN, doctor, Client/POA/Guardian. Client #2's Service Plan expired on 10/11/2020.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- one medication's label(dose) didn't match the Medication Administration Record(MAR); CG#1 unable to find the doctor's order in client's chart. MAR was last signed on 11/16/2020.

Client #2- MAR was last signed on 11/16/2020; one medication was not available on hand and per CG#1, the medication had not been available from pharmacy since called in for refill on 11/16/2020. One medication's label did not match with the doctor's order and the Medication Administration Record.

54.(c)(6)- Client #1 and Client #2's ADLs/Daily Care Flowsheet were last signed on 11/16/2020.

54.(c)(6)- Client #1's last RN Visit Summary was on 3/3/2020; Client #2's was on 4/11/2020.

Tharibel Nakam... (Signature)
Compliance Manager

11/24/2020
Date

(Signature)
Primary Care Giver

11/24/2020
Date

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Erlinda Ibus

CCFFH Address: 94-1241 Halekua Street Waipahu HI 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)(2)	CG#4 called provided APS/CAN copy.	11/30/20	Home will use calendar to schedule due dates 1 month in advance to prevent future lapses.
41(a)(2)	Called CG#2 she provided CNA License renewal.	11/30/20	Home will use calendar to schedule due dates 1 month in advance to prevent future lapses.
41(a)(3)	CG#3 Job experience form filed in CCFFH binder.	11/30/20	Home will keep track of expiring requirements using a calendar posted in the kitchen as a reminder. Will ensure that requirements will be renewed prior to the expiration date.
41(f)(1)	CG#2 TB Clearance obtained and filed in CCFFH binder.	11/30/20	Home will use calendar to schedule due dates. 1 month to prevent future lapses.

All items that were fixed are attached to this CAP

PCG's Signature: Erlinda Ibus

Date: 2-3-21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Erlinda Ibus

CCFFH Address: 94-1241 Halelehua Street Waipahu HI 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?
Cap(b) (2)	Complete Sign in/out sheets and filed in CCFFH binder.	11/30/20	Lapse cannot be corrected. Sign In/out sheets made available for SCG to sign while PCG is out.
Cap(b) (1)	Monthly Fire Drill Form corrected to show the right date.	11/30/20	Home will ensure that monthly fire drills will be conducted and dated in the month they are done.
50(e)	Intercom has been installed	11/30/20	Home will make sure to always have a functioning doorbell.
54(a) (1)	Made a Evacuation/Emergency map hung on wall	11/30/20	Home will make sure that Evacuation/emergency map is posted on wall where it can be seen.
54(c) (1)	Contacted doctor and CMA RN Client #2 service plan updated and signed placed into CCFFH binder.	11/30/20	Home will make sure that all documents are updated by making a checklist.

All items that were fixed are attached to this CAP

PCG's Signature: Erlinda Ibus

Date: 2-3-21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Erlinda Ihus

CCFFH Address: 94-1241 Halelehua Street Waipahu HI 96797

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54(c) (2)	CMA RN Signed and updated service plan for client #1 it was place in CCFF binder.	11/30/20	Home will review clients chart to make sure everything is completed and performed every 6 months and placed into clients binder.
54(c) (5)	Medication discrepancy was corrected by Clients CMA, MD and CG#1 on Clients MAR. MAR signed. Medication for Client #2 obtained.	11/30/20	CG#1 will look at all the MAR and bottles to ensure they both match every time time before giving a medication. Home will immediately notify CMA, Pharmacy and/or doctor if they are different. Will sign MAR after giving medication. Will make sure Clients medication always available.

All items that were fixed are attached to this CAP

PCG's Signature: Erlinda Ihus

Date: 1-3-21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Erlinda Ibus

(PLEASE PRINT)

CCFFH Address: 94-1241 Halekua Street Waipahu HI 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?
54(c) (6)	Client #1 and Client #2 ADL/Flow sheet was signed and completed for November 2020.	11/30/20	CG#1 will make sure that ADL/Flowsheet are signed and completed after providing care.
57(c) (6)	RN visit summaries for client #2 were obtained and placed into CCFFH binder.	11/30/20	CG#1 will make sure every RN visit summary is placed in CCFFH binder as soon as it is done.

All items that were fixed are attached to this CAP

PCG's Signature: E Ibus

Date: 2-3-21

CTA has reviewed all corrected items