

Foster Family Home - Corrective Action Report

Provider ID: 1-190037

Home Name: Fredierick de la Cruz, RN

Review ID: 1-190037-4

751 Puu Kala Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 4/28/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/28/2021.

PCG requests to increase from a 2 client to a 3 client CCFFH.

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#3's Ecrim lapsed on 4/4/2021 and no current renewal present in the CCFFH binder. HHM#3 without APS/CAN/Fingerprinting results present in the CCFFH binder.

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 present for HHM#3.

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

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

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

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

Comment:

41.(a)(3)- No Job Experience forms completed for CG#2 and CG#3.

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

41.(b)(7)- CG#2's TB clearance lapsed on 2/19/2021 and no current renewal present in the CCFFH binder. CG#3's TB clearance dated 1/6/2021 was incomplete. No indication on the form if CG#3 without symptoms/cleared of TB.

41.(f)(1)- HHM#2's TB clearance lapsed on 2/8/2021 and no current renewal present; HHM#3 without a TB clearance result in the CCFFH binder.

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Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d), (d)(1)- No MD order present in Client #1's chart for [REDACTED]

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(a)(1)- No non slip bathmat/rubber mat present in the clients' shower.

49.(b)(3)- Client #1 unable to [REDACTED] as CG#1's bedroom was located upstairs and not a hearing distance from clients' bedroom downstairs.

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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- 1st page(signature page)not present in client's chart/binder.

Maikel Nakamine, rev 4/28/2021
Compliance Manager Date
[Signature] 4/28/2021
Primary Care Giver Date