

Foster Family Home - Corrective Action Report

Provider ID: 1-160041

Home Name: Grace Tungpalan, NA

Review ID: 1-160041-7

122 Uakanikoo Place

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 4/10/2021

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 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/10/2021.

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 HHM#2's APS/CAN lapsed on 2/26/2021 and renewed on 4/1/2021. CG#2's APS/CAN lapsed on 2/26/2021 and no current renewal present in the CCFFH binder.

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

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

Comment:

41.(b)(7)- TB clearance of CG#3 lapsed on 8/12/2020 and renewed on 3/15/2021; form was incomplete. No check mark noted if CG#3 was free of any TB symptoms.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation for CG#1, CG#2, and CG#3 on [REDACTED] Client #2's [REDACTED]).

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 monthly fire drill present for the months of September 2020, October 2020, November 2020 and December 2020 in the CCFFH binder.

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

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

Comment:

49.(a)(2)- No toilet grab bars present in the clients' bathroom.

49.(c)(3)- Client #1's window blind was broken which can be a potential for client injury.

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.(b) Adverse events shall be reported

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 Emergency Preparedness Plan training for CG#2.

50.(b)- No completed Adverse event form for Client #2's [REDACTED] documented by client's MD on 3/4/2021.

50.(e)- CCFFH gate buzzer was not functioning when CTA pressed the buzzer 4 times. CTA called CCFFH's residence but no answer. Then called CG#1's cellphone number- stated that CG#2 was home. Per CG#2, did not hear any ringing inside CCFFH.

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

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1 and Client #2 with monitoring devices inside bedrooms. No written authorization present in each client's chart.

Foster Family Home Records [11-800-54]

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

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(a)(1)- Emergency/Evacuation Map was incomplete. No "EXIT" signs written in map.

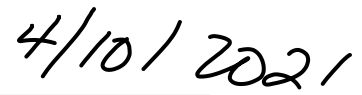
54.(c)(2)- No signature of POA/Client present in Client #1's Service Plan dated 2/11/2021.



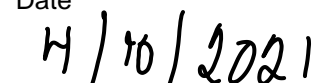
Compliance Manager



Primary Care Giver



Date



Date