

Foster Family Home - Corrective Action Report

Provider ID: 1-130017

Home Name: Jenifer Delos Trinos, CNA

Review ID: 1-130017-10

37 Hauola Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 4/13/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/13/2021.

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)- HHM#4 and HHM#5 were without any (current & past) results present of APS/CAN/Fingerprinting 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 in the CCFFH binder for HHM#3, HHM#4, and HHM#5.

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

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- CG#2's TB clearance lapsed on 3/10/2020 and CG#3's lapsed on 2/20/2021. Both were without current results present in the CCFFH binder.

41.(f)(1)- TB clearances for HHM#3's lapsed on 3/10/2020 and no current results present in the CCFFH in the CCFFH binder. HHM#4 and HHM#5 were without a current results present in the CCFFH binder.

41.(g)- No Basic skills checklist present in Client #1's chart for CG#3.

Foster Family Home - Corrective Action Report

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 present for CG#3 on [REDACTED] Administration for Client #1.

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No completed monthly fire drill for the past 12 months. CG#2 and CG#3 were without evidence of conducting a monthly fire drill for the past 12 months.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects present in Client #1's chart.

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:

Comment:

50.(a)- No completed Emergency Preparedness Plan training present for CG#2 and CG#3.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- No automobile insurance policy present in the CCFFH binder.

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)(8) Personal inventory.

Comment:

54.(c)(2)- Client #2's Service Plan expired on 5/3/2020 and no current service plan present in client's chart.

54.(c)(8)- No completed Personal Inventory form for Client #1 in client's chart.

Marilyn Stokanovic, RN 4/13/2021
Compliance Manager Date
[Signature] 4/13/2021
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-300

PCG's Name on CCFFH Certificate: Jenifer B. Delos Trino

CCFFH Address: 37 Hauola Ave Waiucawa HI 96786
(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.CA(1), (2)	Printer print schedule 5/14/21 for both HH#4 and HH#5. To place the copies once available.	5/10/21	Home will use calendar attached to front of home book & to check every 2 weeks before expire.
16.(b)(5)	HH#3, HH#4 & HH#5 obtained & signed. I was placed to home book	4/20/21	Home will make sure to sign all documents require by HH family
41.(b)(7) CA#2 X	2020 TB Clearance obtained for CG#2. Place into home record. 2021 TB Clearance schedule on 5/11/21. Will attach on book once the result available.	5/21/21	Home will use calendar on my home book to identify when requirements are due to prevent from expiring.
41.(f)(1)	2021 TB clearance was obtain for HH#3 I was placed to home book	4/30/21	- Home will use calendar to place on front of my home book, check every 2 weeks before due date.
41.(g)	Basic skills checklist provided from CH#4 signed by CG#3 & attached to client chart	4/14/21	- Home & CH#RN to make sure checklist for client is always available upon admission.

All items that were fixed are attached to this CAP

PCG's Signature: J. Delos Trino

Date: 5/12/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamoto

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

PCG's Name on CCFFH Certificate: Jenifer B. Delos Trias

CCFFH Address: 37 Hauola Ave Wahiawa HI 96786
(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?
43.(c)(4)	RN Delegation was done for CG #3 by clients CUA. It was placed to client chart.	4/23/21	- Home will notify CUA-RN that RN delegation needs to be done within 3 days upon admission of the client.
46.(a) (b)(2)	Monthly Fire drill obtain and attached to Home book	4/13/21	- Home to ensure fire drill to be done every month in different time of the day.
47.(a)	Medication list side effect obtain for client #1. It was placed on client #1 to her trash.	4/23/21	Home to checked with the CUA-RN the checklist to ensure all documents are completed & attached to cl. book.
50(a)	Emergency Preparedness plan training for CG #2 and CG #3 obtained and it was place to home record	4/20/21	Home record to checked the checklist to ensure all documents are completed on home book.
51.(a)2	Automotive insurance policy obtain and it was placed to home book	4/19/21	Home checklist to checked to ensure all documents are completed.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 5/12/21

CTA has reviewed all corrected items

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: Jennifer B. Delos Trinos

CCFFH Address: 37 Hauola Ave Wahiawa HI 96786
(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)(2)	clients #2 Service Plan was produce & it was placed to CTR book.	4/20/21	checked with the CMA-RN every time month to visit client & to remind her about the Client Service Plan to update.
54.(c)(8)	client #1 Personal inventory obtain and was placed to CTR book.	4/15/21	- to make sure all the paper work is all the right place.

All items that were fixed are attached to this CAP

PCG's Signature: J Delos Trinos

Date: 5/2/21

CTA has reviewed all corrected items