

Foster Family Home - Corrective Action Report

Provider ID: 1-180064

Home Name: Joseph Lim, NA

Review ID: 1-180064-6

94-367 Ikepono Place

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 6/29/2020

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 2 person CCFFH recertification.
Corrective Action Report Issued with Notice of Violation and Order on xx/xx/xx

11-800-42 Client Eligibility Requirements. (a) To be admitted to the community care foster family home, the individual shall:

- (1) Be certified by a physician as requiring nursing facility level of care.***;
- (3) Have a physical examination by a physician within thirty days prior to admission or within seven days after admission;
- (4) Have a tuberculosis clearance issued within twelve months prior to admission
- (5) Be placed and provided ongoing case management services by a home and community-based case management agency;
- (b) Notwithstanding subsection (a) to the contrary, the department, in consultation with the department of human services, and in its discretion, and considering the past admission history and current client mix of the community care foster family home, may allow two private-pay individuals to be cared for in the same community care foster family home after considering the following relevant factors: (see 11-800-42 for all relevant factors)

Violation: The CCFFH or someone that resides in the CCFFH provided care and services including but not limited to personal care and homemaker services to someone they referred to as a renter. This person needs assistance with ADLs. After interviews with caregivers and the renter, CTA determined the tenant was being cared for as a client that does not have case management services and no admission paperwork. The renter was unrelated to the CCFFH family. The renter is hereby considered a 3rd client as well as a 2nd private pay client that was not authorized by the Department of Health. This renter will hereby be referred to as client #3 for the rest of this report.

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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)

CG#1 has only first set of fingerprints on record dated 9/16/18, second set was due 9/16/19. No second set on record

CG#2 has only first set of fingerprints on record dated 10/9/18 second set was due 10/9/19. No second set on record

CG#3 has only first set of fingerprints on record dated 5/21/18, second set was due 5/21/19. No second set on record

8.(a)(2)

CG#1 has only first set of APS/CAN on record dated 9/16/18, second set was due 9/16/19. No second set on record.

CG#2 has only first set of APS/CAN on record dated 10/9/18, second set was due 10/9/19. No second set on record.

CG#3 has only first set of APS/CAN on record dated 5/21/18, second set was due 5/21/19. No second set on record

Foster Family Home

Reporting Changes

[11-800-12]

12. The case management agency or home shall immediately report to the department changes that may affect the case management agency's or home's ability to comply with the applicable requirements of this chapter. Changes to be reported include, but are not limited to, changes:

12.(4) In the household composition or structure of the home; and

Comment:

12.4 The CCFFH had a renter, that meets the criteria of a client, who was not reported to CTA has having moved into the home. The tenant moved into the CCFFH, per Client #3, on March 17, 2020. The CCFFH also had a female who stated she lived in the home but was not reported as a HHM.

Foster Family Home

Information Confidentiality

[11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

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.

16.(c) Information about an applicant or recipient shall not be used or disclosed unless;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16(b)(3) and 16(c)(1) There was no evidence present showing client #3 was informed of the CCFFHs confidentiality policies and procedures nor was a disclosure form present.

16(b)(5) There is no evidence in home that HHM#1, HHM#2, HHM#3, HHM#4, or HHM#5 received confidentiality and privacy training from the CCFFH.

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Personnel and Staffing

[11-800-41]

41.(a)(1)	Reside in the community care foster family home;
41.(a)(4)	Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.
41.(b)(6)	Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;
41.(f)	The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and
41.(f)(2)	Background checks
41.(j)(2)	Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.a.1 The primary caregiver was not living in the CCFFH. The only adult living in the home, with the exception of clients, was an unreported HHM who was also an unapproved caregiver.

41.(a)(4) There was no approved SCG in the absence of CG#1. CTA was at the home for approximately 30 minutes before PCG arrived.

41.(b)(6) No rental agreement was shown to CTA during the home visit. CTA was unable to determine if there was a tenant/landlord lease agreement that complied with the Hawaii Landlord Tenant Codes as required under Hawaii Revised Statutes, Chapter 521.

CTA was unable to determine if the CCFFH had been paying General Excise Tax under HRS Chapter 237 and Honolulu County Surcharges, under Hawaii Administrative Rules section 18-237-8.6 on the gross revenue they have been collecting of \$3800.00 per month. It is also unknown if the General Excise Tax number had been given to tenant in order to have the ability to file for a low income tax credit as required under landlord tenant laws.

41.(f)(1-2) CCFFH had four unreported household member, client #3 and a HHM#1, living in the CCFFH. No background checks or TB clearance were present. HHM#2, HHM#3, HHM#4, HHM#5, with no record of Fingerprint, eCrim, APS/CAN or TB

41.(j)(2) CG#1 did not assure that a substitute caregiver was available prior to leaving three clients alone with an unreported household member.

Foster Family Home - Corrective Action Report

Foster Family Home	Client Care and Services	[11-800-43]
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- 43.(a) The home shall care for not more than two adults at any one time who are unrelated to the foster family, or if certified by the department for three beds; shall care for not more than three adults, pursuant to the requirements under section 321-481, HRS.

- 43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

- 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.

- 43.(c)(4) Include the provision of personal care, homemaker, and respite services as appropriate;

Comment:

43.a The CCFFH is certified for two clients and was caring for three clients. Client #3 was also a 2nd private pay client, with no case management agency.

43.(b) Home has 1 private client with a case management agency and 1 private pay client with no case manager. Requirements for two private pay clients were not met.

43.(c)(3) There was no service plan present for client #3, referred to by CCFFH as a tenant. Tenant stated the CCFFH CG#2 and HHM #1 (who is also an unapproved SCG) provided primary care to tenant. Client #3 stated that his family paid \$3800.00/month to CG#1. Client #3 stated that CCFFH provided all meals, laundry services, medication administration, transportation to medical appointment and other activities of daily living.

43(c)(4) Client #3 received personal care and homemaker services from a HHM/CG in the CCFFH.

Foster Family Home	Grievance	[11-800-45]
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- 45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

Comment:

45.(1-2) There as no evidence present that client #3 was informed of the CCFFH grievance policy.

Foster Family Home	Medication and Nutrition	[11-800-47]
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- 47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

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

Comment:

47(b) There were no records present to indicate that the medications for Client#3 were being monitored.

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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:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

50.(e)(3) Service site visits to interview clients and to observe personnel and sub-contractors providing services; and

Comment:

50.(e)

50.(e)(1)

50.(e)(3)

CCFFH did not cooperate with RN inspector, blocked/impeded access to client records, and access to Client #3's room and Client #3 interview.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)

CG#3 not on liability insurance

Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

53.(b)(3) Be fully informed, prior to or at the time of admission, and during the client's stay, of services available in or through the home and related charges;

Comment:

53.(a) and (b)(1) There was no paperwork to indicate that client #3 was informed of client rights.

53.(b)(3) There was no evidence of a client agreement for client #3 informing them of services available in or through the CCFFH and related charges.

Foster Family Home - Corrective Action Report

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Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 54.(b)(2) Provide information for necessary follow-up care for the client.
- 54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:
- 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)(3) Current copies of the client's physician's orders;
- 54.(c)(4) Client's emergency management procedures;
- 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;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

Comment:

54.(b)(1-2); 54(c)(1-8) There was no client notebook for client #3. Client #1 and Client #2 notebooks were incomplete.



Compliance Manager



Primary Care Giver

12/16/2020

Date

12/16/2020

Date

CTA RN Compliance Manager: Julie Hastings

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

PCG's Name on CCFFH Certificate: Joseph Lim, NA
(PLEASE PRINT)

CCFFH Address: 94-367 Ikepono Place Waipahu, HI 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How waseach issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happeningagain in the future?
8.(a)(1) 8.a.2	Lapse cannot be corrected Lapse cannot be corrected	7/2/2020	Home will use a desk calendar to put all due dates on. Home understands the need to have on file the most current background check. These will be maintained in all the records at all times.
12.(4)	Client #3 has agreed to move out from home on July 3, 2020 Lapse cannot be corrected. Female has returned home to the Philippines on Aug.2020	7/3/2020 7/3/2020	CCFFH will not allow any renter without acknowledging CTA or CM, any changes in the household are to be reported. CTA was informed that the female who used to stay in the household was just a visitor from the Philippines.
16.(b)(3) 16.(c)(1)	Lapse cannot be corrected.	7/3/2020	CCFFH will make sure that confidentiality policies and procedures will always be presented to client and client in the future. All necessary documents regarding CCFFH policies will be filed properly.
16.(b)(5)	HHM#1-5 has been oriented with the confidentiality & privacy training. Records has been updated.	7/3/2020	CCFFH will ensure that HHM will receive confidentiality and privacy training and all documentation will be filed properly in the binder at home.
41.(a)(1)	Lapse cannot be corrected. PCG has been moved to CCFFH.	7/3/2020	I understand the regulation and will ensure to follow the rules as PCG.
41.(a)(4)	Lapse cannot be corrected. CCFFH has filed for approved SCG.	7/3/2020	PCG will ensure to have an approve SCG to secure home prior to the absence of CG and PCG.

All items that were fixed are attached to this CAP

PCG's Signature: Joseph Lim, NA 

Date: 1/8/2020

CTA has reviewed all corrected items

CTA RN Compliance Manager: Julie Hastings

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

PCG's Name on CCFFH Certificate: Joseph Lim, NA
(PLEASE PRINT)

CCFFH Address: 94-367 Ikepono Place 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?
41.(b)(6)	Rental agreement has been attached on the binder.	7/3/2020	CCFFH make sure that all necessary documents will be filed in a binder including rental agreement and place in safety at home.
41.(f)(1-2)	Lapse cannot be corrected, all unreported HHM are no longer connected to CCFFH	7/3/2020	Home will always make sure to report all HHM to CTA to prevent further violation.
41.(j)(2)	Lapse cannot be corrected, CG#1 will always assure that the substitute CG will always be available prior to leaving of CG#1.	7/3/2020	Home will be having a schedule plan written to avoid conflict on leaving the clients.
43.(a)	Lapse cannot be corrected. home will no longer accept more than 2 clients.	7/3/2020	Home will make sure on caring for 2 clients only unless we are certified for 3 beds by the department.
43.(b)	Lapse cannot be corrected	7/3/2020	Tenant (CLIENT#3) was removed to CCFFH to prevent further violation.
43.(c)(3)	Lapse cannot be corrected	7/3/2020	Tenant (CLIENT#3) was removed to CCFFH to prevent further violation.
43.(c)(4)	Lapse cannot be corrected	7/3/2020	Tenant (CLIENT#3) was removed to CCFFH to prevent further violation.
45.(1-2)	Lapse cannot be corrected	7/3/2020	Home will make sure to present the CCFFH grievance policy for future client.
47.(b)	Lapse cannot be corrected. Medication records has been updated	7/3/2020	Home will conduct monthly medication review to ensure that medications are being monitored.

All items that were fixed are attached to this CAP

PCG's Signature: Joseph Lim, NA 

Date: 1/8/2020

CTA has reviewed all corrected items

CTA RN Compliance Manager: Julie Hastings

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

PCG's Name on CCFFH Certificate: Joseph Lim, NA
(PLEASE PRINT)

CCFFH Address: 94-367 Ikepono Place 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?
50.(e) 50.(e)(1) 50.(e)(3)	Lapse cannot be corrected	7/4/2020	Home will make sure to cooperate with RN inspector and will allow them to do all the necessary that they need to do during the visit.
51.(a)(1)	Lapse cannot be corrected. CG#3 liability on insurance has been updated and placed into home record.	7/4/2020	CG will overlook on all the necessary documents on the folder and ensure that documentation is not missing and filed properly.
53.(a) 53.(b)(1)	Lapse cannot be corrected. Client #3 does not need of paperwork as he was not a client	7/4/2020	Home will always ensure that paperwork for clients will be attached to each clients folder and inform them of the clients right.
53.b.3	Lapse cannot be corrected. Client #3 does not need of agreement as he was not a client	7/4/2020	Home will always ensure that clients are well informed of CCFFH agreement, services available and related charges. Agreements will be attached on each client's folder.
54.(b)(1-2) 54.(c)(1-8)	Lapse cannot be corrected. Client #1 & #2 notebook has been completed Client #3 Lapse cannot be corrected	7/4/2020	All caregiver will be reminded daily to complete all client's notebook. Tenant (CLIENT#3) was removed to CCFFH to prevent further violation

All items that were fixed are attached to this CAP

PCG's Signature: Joseph Lim, NA 

Date: 1/8/2020

CTA has reviewed all corrected items