

Foster Family Home - Corrective Action Report

Provider ID: 1-180064

Home Name: Joseph Lim, NA

Review ID: 1-180064-9

94-367 Ikepono Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 6/18/2021

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 7/18/2021.

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#1, HHM#2, and HHM#3's APS/CAN/Fingerprinting lapsed on 6/12/2021 and no current renewals present in the CCFFH binder.

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

41.(a)(1) Reside in the community care foster family home;

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.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(a)(1)- No completed rental agreement present in the CCFFH binder.

41.(b)(4)- No completed Primary Caregiver Disclosure form. Last PCG disclosure in the CCFFH binder didn't reflect the current total of household living in the CCFFH.

41.(b)(7)- CG#2's TB clearance lapsed on 10/10/2020; CG#4's lapsed on 5/20/2021; HHM#1, HHM#2, and HHM#3's all lapsed on 5/21/2021. All had no current TB clearances present in the CCFFH binder.

41.(b)(8)- CG#4's Bloodborne Pathogen and infection control training lapsed on 6/5/2021. No current certificate present in the CCFFH binder.

41.(c)- CG#1, CG#2, and CG#4 were without any hour of annual in service trainings.

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Foster Family Home	Fire Safety	[11-800-46]
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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 completed for the months of April 2021 and May 2021.

Foster Family Home	Medication and Nutrition	[11-800-47]
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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	Physical Environment	[11-800-49]
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49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.(a)(2)- No grab bars present near the toilet of clients' bathrooms.

49.(a)(5)- All 3 smoke detectors located in the hallways near clients' bedrooms weren't functioning when tested by CG#3.

Foster Family Home	Quality Assurance	[11-800-50]
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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)- CG#2, CG#3, and CG#4 were without evidence of having had training with the Emergency Preparedness Plan.

Foster Family Home	Insurance Requirements	[11-800-51]
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51.(a)(2) Automobile; and

Comment:

51.(a)(2)- Automobile policy lapsed on 1/13/2020.

Foster Family Home	Fiscal Requirements	[11-800-52]
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52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b)- No monthly budget present from January 2020 thru December 2020; January 2021 thru May 2021.

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Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15)- Visiting hours of CCFFH limited from 10am- 5pm. Per My Choice My Way, CCFFH visiting hours should not be limited.

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)- No Emergency/Evacuation Map present in the CCFFH.

54.(c)(2)- Client #1's Service Plan expired on 11/2020 and no signature of client/POA on that service plan. Client #2' Service Plan expired on 12/5/2020.

Maribel Nakonire, RN 6/18/2021
Compliance Manager Date

M. Paricio - SCR 6/18/2021
Primary Care Giver Date
for Joseph Lim