

Foster Family Home - Corrective Action Report

Provider ID: 1-560525

Home Name: Leilanie Frazee, CNA

Review ID: 1-560525-9

94-480 Palai Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 6/9/2021

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 7/9/2021.

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#3 without results 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 completed for CG#4 and HHM#3.

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

Comment:

41.(b)(7)- TB clearances for CG#1 and CG#2 lapsed on 6/3/2020; CG#3's lapsed on 1/7/2020 - all 3 have no current results.

41.(f)(1)- HHM#3 without any results of TB clearances in the CCFFH binder.

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), (b)(2)- No monthly fire drills conducted for the past 12 months by CG#1, CG#2, CG#3, and CG#4.

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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 for Client #1.

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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)- CG#3 and CG#4 were without evidence of having had training in the CCFH's Emergency Preparedness Plan.

Maribel Nakamine, PC 6/9/2021

Compliance Manager

Date

Andronic C. Fuzze

6/9/2021

Primary Care Giver

Date