

Foster Family Home - Corrective Action Report

Provider ID: 1-511643

Home Name: Loreen Troxel, CNA

Review ID: 1-511643-8

98-881 Iilee Street

Reviewer: Julie Hastings

Aiea HI 96701

Begin Date: 3/24/2021

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

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

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.

Home inspection completed for a 3 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 4/24/2021

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

41 .(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41 .(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(a)(3)
CG#2 and CG#4 do not have work experience form in Binder

41.(e)
CG#2 does not have CTA approval form in Binder.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff

No sign in/sign out forms documented for 2020.

3 Person Fire Safety, 3 Person Fire Safety Natural Disaster (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire
No fire drill documented for CG#4 in 2020

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Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d)(1)
No MD order [REDACTED] client #2

47.(d)(2)
[REDACTED] indicated on Service Plan

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;

Comment:

54.(c)(2)
Client #1 and Client #3 Service plan is for August 2020 and is more than 6 months old. No Service plans for February 2021 in Binder.



Compliance Manager



5 |
Primary Care Giver

3/24/2021

Date

3/24/2021

Date

CTA RN Compliance Manager: Terri Van Houten RN/Julie Hastings RN

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

PCG's Name on CCFFH Certificate: Loreen Troxel, CNA
(PLEASE PRINT)

CCFFH Address: 98-881 ILiie Street, Aiea 96701
(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.(a)(3)	CG #2 & CG #4 Completed and filed in the personnel file.	04/28/21	CG# 1 will use a checklist to make sure 1 have all documents in the file for new SGCs within 5 days of starting in my CCFFH.
41.(a)	CG #2 CTA approval completed & filed in the personnel file.	04/28/21	1 will use a checklist to make sure 1 have all documents in the file for new SGCs within 5 days of starting in my CCFFH.
(3P)(b)(2)	CGs signed out/in for 2020 the client - Sign Out Sheet completed and filed in the sign out/in binder.	04/28/21	Have a printed sign out/in sheet posted for a visual reminder when leaving or entering the home In a separate binder.
(3P)(b)(6)	CG #4 conducted fire drills completed. The home will conduct fire drills day, evening, & night alternately.	04/28/21	All SCGs will be present at fire drills at least once per year. The SCGs will note every month that they shouldbe prepared for a fire drill. And scheduled to conduct a fire drill every month

All items that were fixed are attached to this CAP
PCG's Signature: Loreen Troxel Date: 5/4/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN/Julie Hastings RN

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

PCG's Name on CCFFH Certificate: Loreen Troxel, CNA
(PLEASE PRINT)

CCFFH Address: 98-881 ILiee Street, Aiea HI 96701
(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?
47.(d)(1)	Client #2 The doctor's order is completed and filed in the client's binder.	4/28/21	The home will work with the case managers to updated service plan when there is new orders.
54.(c)(2)	Client #1 and client #3 Service plan completed and filed in the clients binder.	4/28/21	All CGs will follow client service plans. The service plan reviews will be recorded and kept in the client record with a reminder to review the service plan every month.

All items that were fixed are attached to this CAP

PCG's Signature: Loreen Troxel

Date: 4/29/21

CTA has reviewed all corrected items