

# Foster Family Home - Corrective Action Report

Provider ID: 1-562612

Home Name: Lovelle Layugan-Flores, CNA

Review ID: 1-562612-11

1336 Uila Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 6/2/2021

## 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 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/2/2021.

## 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 for CG#9 and CG#10.

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

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.(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#9's TB clearance lapsed on 3/16/2021 and CG#10's lapsed on 2/5/2021; both had no current TB results present in the CCFFH binder.

41.(b)(8)- CG#2's Bloodborne pathogen and infection control certification training lapsed on 1/11/2021 and no current certificate present in the CCFFH binder.

41.(g)- No Basic Skills Checklist present for CG#1, CG#2, CG#3, CG#4, CG#5, CG#6, CG#7, CG#8, CG#9, and CG#10 in Client #1's chart/binder.

## 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#1, CG#2, CG#3, CG#4, CG#5, CG#6, CG#7, CG#8, CG#9, and CG#10 on [REDACTED] for Client #1. For Client #2, there was no RN delegation [REDACTED] for CG#4, CG#9, and CG#10.

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Medication and Nutrition

[11-800-47]

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.

Comment:

47.(b)- No written MD orders of Client #1's medication present in the client's chart/binder.

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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)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2)- No Service Plan present in Client #1's chart/binder.

54.(c)(5)- No June 2021 Medication Administration Record present in Client #1's chart/binder. One medication's dosage (bottle) did not match the Medication Administration Record(MAR) and there was no list of client's MD's orders to compare to.

54.(c)(8)- No completed Personal Inventory Checklist present for Client #1.

*Mariabel Nakomine, KC 6/2/2021*

Compliance Manager

Date

*Smuyn*

*6/2/2021*

Primary Care Giver

Date