

# Foster Family Home - Corrective Action Report

Provider ID: 1-120082

Home Name: Luz Tarinay, CNA

Review ID: 1-120082-14

94-426 Alpine Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/19/2021

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

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

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due on 3/19/2021.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#1's APS/CAN lapsed on 1/10/2020 and renewed on 3/16/2020.

## 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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

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#4's TB Clearance expired on 12/26/2020 and no current renewal present in the CCFFH binder.

41.(b)(8)- CG#4's CPR/First Aid Certifications expired on 12/26/2020 and 12/5/2020.

41.(f),(f)(1)- HHM#2's TB Clearance expired on 1/28/2020 and no current renewal present in the CCFFH binder.

41.(g)- No Basic Skills Checklist present for CG#2 and CG#5 on Client #1.

## 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- Sign In/Out form was last completed on 1/26/2019. No entry for the past 2 years.

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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 on [REDACTED] for CG#2 and CG#5 for Client #1. For Client #2, no RN delegation on [REDACTED] present for CG#4.

3 Person Fire Safety,  
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- October 2020 and November 2020's monthly fire drill were not present in the CCFFH binder.

Foster Family Home

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#2, CG#3, CG#4 and CG#5 without evidence of having had the CCFFH's Emergency Preparedness Plan Training.

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;

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;

Comment:

54.(c)(2)- Client #1's Service Plan dated 9/10/2020 without signatures of Client/POA, MD, and CG#1. Client #2's service plan dated 12/20/2020 without signatures of MD and CG#1, Client #3's service plan date 1/7/2021 without signatures of Client/POA, MD, and CG#1.

54.(c)(6)- No Monthly RN Visit/Summary Notes for the month of December 2020 on Client #1.

Maicel Nakamine, RN 2/19/2021  
Compliance Manager Date  
[Signature] 2/19/2021  
Primary Care Giver Date