

Foster Family Home - Corrective Action Report

Provider ID: 1-190032

Home Name: Minerva Ignacio, CNA

Review ID: 1-190032-4

1927 Kaumualii Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 5/4/2021

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 asking to increase to 3 clients after CAP requirements are met by certification date.

- 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 6/4/2021

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) CG#1, #2, #4 did not have valid approved/certified e-Crim form

&

8.(a)(2) CG#2, CG#3 and HHM#2 APS/CAN/Fingerprint lapsed

CG#2 did 2/4/20 and then again on 2/17/21. There is a 13 day gap

CG#3 did 5/10/19 and then again on 5/19/20. There is a 19 day gap

HHM#2 did 5/10/19 and then again on 5/19/20. There is a 19 day gap

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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.(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.

- 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, #3, #4 do not have work experience form in the binder

41.(b)(4) #3, #4 do not have disclosure forms in binder

41.(b)(7)
 CG#1 TB lapsed has 2021, but did not have any in 2020
 CG#2 last TB was 1/31/2017
 CG#3 last TB was 4/24/19

41.(b)(8)
 CG#2 CPR/First Aid expired 3/1/21
 CG#4 does not have any CPR/First Aid in Binder

CG#1 Blood borne pathogen was done in 2021 but no BBP in 2020
 CG#2 last BBP was 4/1/19, no 2020 or 2021
 CG#4 has no BBP in binder

41.(c)
 CG#2 only has 3 hours training in 2020
 CG#4 has no Training in binder

41.(e) CG #2, #3, #4, #5 do not have 3-client approvals

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff CG#2 has expired CNA license in binder exp 4/30/21

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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)
CG#3 and CG#4 have no RN delegation for client #1
CG#2, CG#3, CG#4 and CG#5 have no RN delegation for client #2

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

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

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

Comment:

(3P)(b)(1) Fire
(3P)(b)(6) Fire
No April 2020 Fire Drill
No Fire Drill led by CG#4 in 2020

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)
CG#5 not on liability insurance

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Records

[11-800-54]

54.(a) Each home shall maintain an administrative notebook including but not limited to

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

Comment:

54.(a)
54.(b)(1)

CCFFH Binder was not in order, complicating review.



Compliance Manager



Primary Care Giver

5/4/2021

Date

5/4/2021

Date