

Foster Family Home - Corrective Action Report

Provider ID: 1-588931

Home Name: Nancy Daproza, CNA

Review ID: 1-588931-9

1326 Hooli Circle

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 5/21/2021

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 6/21/2021.

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)- APS/CAN/Fingerprinting lapsed on 9/18/18 and no current results present in the CCFFH binder.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- TB clearance for CG#2 lapsed on 1/22/2019; no current result present in the CCFFH binder.

Foster Family Home 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.

47.(d) Use of physical or chemical restraints shall be:

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

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

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

47.(c)- No list of medications side effects present in Client #1's chart.

47.(d), (d)(1), (2), (3)- No MD order present for Client#1's [REDACTED].

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Foster Family Home **Quality Assurance** **[11-800-50]**

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- No doorbell/gate buzzer/intercom present on the outside gate of the CCFFH. Noted there were 2 dogs barking from the inside of the gate/front door.

Foster Family Home **Client Rights** **[11-800-53]**

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No doorknob/lock on Client #1's bedroom door for privacy. Noted that there's a hole with plastic tape to cover the hole.

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 #2's Service Plan expired on 12/22/2020.

Shirley Nakamire, M 5/21/2021
Compliance Manager Date
Nancy Guproza 5/21/2021
Primary Care Giver Date