

Foster Family Home - Corrective Action Report

Provider ID: 1-160013

Home Name: Noreen Montijo, CNA

Review ID: 1-160013-8

94-833 Kalaiaha Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/16/2021

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 4/16/2021.

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 2/27/2020; CG#2's APS/CAN lapsed on 1/30/2020; CG#3's APS/CAN lapsed on 5/16/19; HHM#1, HHM#2, HHM#3, and HHM#4's APS/CAN all lapsed on 2/27/2020. All had 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

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.

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

Comment:

41.(b)(7)- CG#1's TB clearance result expired on 1/16/2020 and CG#2's expired on 2/7/2020. No current results present in the CCFFH binder.

41.(b)(8)- CG#1's CPR and First Aid training lapsed on 3/18/2020 and CG#1 & CG#2's Bloodborne pathogen and infection control training lapsed on 3/2020 both were without current results present in the CCFFH binder.

41.(c)- CG#1, CG#2, CG#3 all were without annual in services training required of 12 hours each for the past 12 months.

41.(e)- CG#2 and CG#3 were without CTA SCG Approval Forms in the CCFFH binder.

41.(f)(1)- HHM#2's TB clearance result expired on 1/17/2020 and no current result present in the CCFFH binder.

Foster Family Home - Corrective Action Report

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- Last entry in the Sign In/Out Sheet was on 3/24/2019.

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- No monthly fire drill present in the CCFFH binder for the past 12 months.

(3P)(b)(6)Fire- CG#2 and CG#3 were without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(1)- No non slip surface/rubber mat present in clients' bathroom shower floor.

49.(a)(2)- Toilet grab bars were loose on both sides which can potentially cause injury/harm to clients.

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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)(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.(a)(1)- No evacuation/emergency exit map present in the CCFFH.

54.(c)(2)- Client #1's Service Plan expired on 4/2020 and Client #3's expired on 2/2020. Both were without current service plans present in each client's charts.

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- Medication Administration Record (MAR) was last signed on 3/14/2021.

Client #2- MAR was last signed on 3/14/2021. One medication's label didn't match the MAR and one medication was not transcribed in the MAR.

Client #3- MAR was last signed on 3/14/2021. One medication's label didn't match the MAR.

54.(c)(6)- Client #1's ADLS/Daily Care Flowsheet was last signed on 3/14/2021.

Mumbel

Compliance Manager

DeKamire, M

Primary Care Giver

3/16/2021

Date

3/16/2021

Date

Maribel Nakamine RN

CTA RN Compliance Manager: _____

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

PCG's Name on CCFFH Certificate: NOREEN MONTIJO
(PLEASE PRINT)

CCFFH Address: 94-833 Kalaiaha Place Waipahu, HI 96797
(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?
8.(a)2	APS/CAN for ALL CG'S and HHM'S has been corrected. Was taken 5/28/2020, it was misplaced and not in binder at the time of inspection.	03/17/21	Home will do periodic checks in the binder, and make sure everyone is updated and remains in the binder at all times. CG will use the calendar app on phone to remind her before it expires.
41.(b)(7)	TB Clearance have been Corrected. TB was taken 5/5/2020 just was not in the binder at the time of Inspection.	03/17/21	CG#1 will do random checks of the home binder to make sure that all documentation are in the proper places. CG will use calendar app on phone to remind her before it expires.
41.(b)(8)	CG#1 CPR & FIRST AID was not in binder at time of inspection. Completed on 08/19/2019 expiration 08/2021.	03/17/21	CG#1 Will continue to do random checks to make sure all documents are in the binder.
	CG#1 & CG#2 Bloodborne pathogen corrected and completed. CG31 & CG #2 registered in CEUS Nursing Continuing...	4/13/21	CG#1 will use her numbers app on iPad that will create a spreadsheet that will do a reminder of requirements before expiration. CG#1 will contact all other CG'S a month in advance before expiration.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 04/15/21

CTA has reviewed all corrected items

CTA RN Compliance Manager:

Maribel Nakamine RN

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

PCG's Name on CCFFH Certificate: Noreen Montijo

(PLEASE PRINT)

CCFFH Address: 94-833 Kalaiaha Place Waipahu, HI 96797

(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.(c)	Approved online in-service training for all caregivers now accepted.	4/15/21	Due to Covid19 there were no In service training with care giver organizations. However all CG'S did an online and set a reminder in all our phones for all upcoming in-service training
41.(e)	Has been corrected and fixed. Approval letters were not in binders at the Time of inspection, it was found and placed in proper Places of the binder.	03/17/21	CG#1 will do random checks of the binder and make sure all documents are in the binder at all times.
41.(f)(1)	Has been corrected. HHM#2 completed test on 4/29/20. At the time of inspection was not available or in the binder.	03/17/21	CG#1 will continue to do random checks and make sure all documents are up to date and in the binder st all times.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 04/16/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: _____

Maribel Nakamine RN

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

PCG's Name on CCFFH Certificate: _____

NOREEN MONTIJO
(PLEASE PRINT)

CCFFH Address: _____

94.833 Kalaiaha Place, Waipahu, 96797
(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?
(3P)(b)(2)	Corrected-Due to Covid19 2020 CG did not allow any one on the premises. CG remained within the facility throughout 2020	04/01/2021	Hopefully with the change in 2021 and covid19 substitute caregivers and family members can make more visits. Supplies available like face masks, hand sanitizer, gloves available on site.
(3P)(b)(1)	Corrected fire drill conducted with all household members.	04/01/2021	CG Will continue to do fire drills monthly. CC will mark on the calendar ahead of time. Cg will do the calendar checks yearly and make sure the proper date is circled.
(3P)(b)(6)	Corrected SCG agrees to come on the days CG scheduled to do a fire drill within the facility.	04/01/21	CG made arrangements with SCG to come and do fire drills. CG WILL call SCG WHEN she is needed to do fire drill.
49.(a)(1)	Non slip surfaces in the bathroom showers. Corrected rubber mats placed and covered throughout the entire shower.	04/01/21	CG WILL make sure and keep non Slip mats are in place at all times.
49(a)(2)	Grab bars-corrected. CG changed grab bars by the toilets. Now grab Bars are set appropriately.	4/1/21	CG will make daily checks on grab bars and make sure its safe for all residents.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 04/13/21

CTA has reviewed all corrected items

CTA RN Compliance Manager:

Maribel Nakamine RN

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

PCG's Name on CCFFH Certificate: NOREEN MONTIJO

(PLEASE PRINT)

CCFFH Address: 94-833 Kalaiaha Place Waipahu, HI 96797

(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?
54.(a)(1)	Evacuation map placed in view of all HHM and residents within the facility.-corrected	4/1/21	CG will make sure that the map is updated and placed in the appropriate place in view of everyone in the facility.
54.(c)(2)	Corrected and placed in clients binder.	4/1/21	CG will make sure that all documents regarding the resident is in the Binder at all times.
54.(c)(5)	Corrected-contacted case management got updated documents and placed in clients binder.	4/1/21	CG will make sure that all documents regarding the resident is in the Binder at all times.
54.(c)(6)	Corrected clients #1 flow Sheet placed in binder and signed.	4/1/21	CG will make sure that all documents regarding the resident is in the Binder at all times.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 04/12/21

CTA has reviewed all corrected items