

Foster Family Home - Corrective Action Report

Provider ID: 1-180024

Home Name: Ophelia Basuel, CNA

Review ID: 1-180024-6

94-589 Loaa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 4/22/2021

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

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

Comment:

Unannounced annual inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/22/2021.

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#2 in the CCFFH binder.

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

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.

Comment:

41.(b)(8)- CG#4's Blood borne pathogen and infection control certification training lapsed on 6/11/2019; no current renewal present in the CCFFH binder.

41.(c)- No Basic Skills Checklist present in Client #1's chart for CG#1, CG#2, CG#3, and CG#4.

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 on Client #1. For Client #2, CG#2 no evidence of having had an RN delegation [REDACTED] Medications Administration.

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Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No monthly fire drill completed for the months of April 2020, May 2020, June 2020, July 2020, August 2020, September 2020, October 2020, November 2020, December 2020, January 2021, and February 2021.

Foster Family Home

Physical Environment

[11-800-49]

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

Comment:

49.(a)(2)- No toilet grab bars present in clients' bathroom.

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 gate buzzer/intercom system outside of CCFFH's gate for CTA/agency to have quick entry/access; gate was closed and a dog was present in front of the gate.

Foster Family Home

Records

[11-800-54]

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

54.(c)(5) Medication schedule checklist;

Comment:

54.(a)(1)- No Emergency/Evacuation Map present in the CCFFH.

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

Client #1- No Medication Administration Record(MAR) present for the month of April 2021. MAR was last signed on 3/25/2021. One medication's label didn't match the current MD order in client's chart and the MAR.

Client #2- No MAR present for the month of April 2021. MAR was last signed on 3/25/2021.

Thaibek Nakhamine, M

Compliance Manager

Walter Penner O. Barnd

Primary Care Giver

4/22/2021

Date

4/22/2021

Date