

Foster Family Home - Corrective Action Report

Provider ID: 1-130053

Home Name: Paulina Alboroto, CNA

Review ID: 1-130053-8

94-552 Koaleo Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 4/8/2021

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 5/8/2021.

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)- CG#1's APS/CAN lapsed on 6/6/2020 and Ecrim lapsed on 6/1/2020; no current renewal results present in the CCFFH binder. CG#4's APS/CAN lapsed on 9/26/2020 and Ecrim lapsed on 3/6/2021; no current renewal results present in the CCFFH binder.

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.

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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.(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#1's TB clearance lapsed on 4/2/2020; CG#3's lapsed on 3/25/2021; CG#4's lapsed on 3/10/2021 all were without current results present in the CCFFH binder.
- 41.(b)(8)- CG#2 was without a basic First Aid certification present in the CCFFH binder. CG#1's Blood borne pathogen and infection control certification lapsed on 7/9/2015; CG#3's lapsed on 3/25/2021, both were without a current renewal present in the CCFFH binder.
- 41.(c)- CG#1 and CG#3 both were without a current annual in service training hours present in the CCFFH binder.
- 41.(g)- CG#2 was without a basic skills checklist present in Client #1's chart.

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)- CG#2 was without an RN delegation for [REDACTED] Medications Administrations present in Client #1's chart; CG#2 also was without an [REDACTED] Administration RN delegation in Client #2's chart.

Foster Family Home 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.
- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

- 46.(a), (b)(2)- No monthly fire drills present for February 2021 and March 2021; CG#3 was without an evidence of having performed a monthly fire drill for the past 12 months.

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 and CG#3 were without evidences of having had training in the CCFFH's Emergency Preparedness Plan.

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Records

[11-800-54]

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.(c)(5)- Client #1's Medication Administration Record(MAR) was last signed on 4/3/2021; Client #2's MAR was last signed on 4/2/2021.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed on 4/4/2021.

Maribel Oskuniewicz 4/8/2021
Compliance Manager Date
SCG 4/8/21
Primary Care Giver Date