

Foster Family Home - Corrective Action Report

Provider ID: 2-585599

Home Name: Susana Caban, CNA

Review ID: 2-585599-12

204 A East Kinai Place

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 4/13/2021

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 5/13/21.

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), 8.(a)(2) - CG#3 does not have current APS/CAN or eCrim on file.

CG#1- [REDACTED] on background check (5/21/20), CG does not have [REDACTED].

Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4) - Additional HHM moved into the home in July 2020, PCG disclosure was not updated.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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| 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.(f)(1) | Tuberculosis clearances that meet department of health guidelines; and |

Comment:

41.(b)(4) - PCG disclosure has not be updated to reflect current HHM. CG#2 does not have a SCG disclosure form present in records.

41.(b)(7) - CG#3 did not have a current TB clearance.

41.(b)(8) - CG#1 did not have current CPR/First Aid training in records.
CG#3 did not have current copy of training for Blood Borne Pathogens.

41.(f)(1) - HHM#2 and minor child did not have evidence of current TB clearance.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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|------------------|---|
| (3P)(a)(5) Staff | Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS. |
| (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)(a)(5) Staff - CG#1 and CG#2 did not have evidence of 12 hrs. annual training within the last 12 months.

(3P)(b)(2) Staff - CCFFH has not been using the sign in/sign out record since 2018.

Foster Family Home	Client Care and Services	[11-800-43]
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| 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. |
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Comment:

43.(c)(3) - RN delegations for Client #2 had not been signed by CG #1, 3, or 3

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3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire	shall be conducted monthly
(3P)(b)(2) Fire	shall be held at different times of the day, evening, and night
(3P)(b)(3) Fire	shall be held under varying conditions, e.g., eating, visiting, bath times, etc.
(3P)(b)(4) Fire	shall include testing of smoke detectors
(3P)(b)(5) Fire	shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants
(3P)(b)(6) Fire	shall include all SCGs at least once per year
(3P)(c) Fire	The home shall assure that: the client who is bed bound, unable to transfer themselves or unable to make independent decisions about individual safety or otherwise not able to make it to safety in the event of an emergency (non-self preserving) shall have a designated person available at all times capable of evacuating the client

Comment:

(3P)(b)(1) Fire, (3P)(b)(2) Fire, (3P)(b)(3) Fire, (3P)(b)(4) Fire, (3P)(b)(5) Fire (3P)(b)(6) Fire, (3P)(c) Fire - CCFFH did not have a record of any fire drills conducted since 4/2018.

Foster Family Home

Physical Environment

[11-800-49]

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e) - CCFFH did not have evidence of a current smoking policy

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - Last evidence of CCFFH fiscal records from 2018.

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Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) - CCFFH did not have documented visiting hours

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Records

[11-800-54]

- 54.(a)(3) A list of applicable community resources.
- 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)(3) - CCFFH did not have evidence of a community resource list.

54.(c)(2) - Client #1 did not have a current copy of their service plan in their chart (Last from 8/2020). Client #2's service plan was not signed by the client or the POA.

54.(c)(5) - Client #2's medications were last documented on 4/3/21.

54.(c)(6) -

Client #1-ADL Flow sheet not documented from 3/24/21-3/31/21, and were missing from 11/2020 through 2/2021.

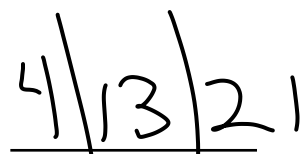
Client #2-ADLs were last documented on 4/3/21

Client #2-Medication discrepancy. Prescription bottle did not match MD order or MAR.

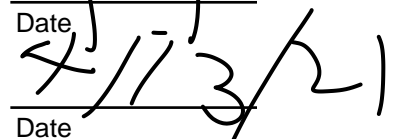


Compliance Manager

Primary Care Giver



Date



Date