

# Foster Family Home - Corrective Action Report

Provider ID: 1-511510

Home Name: Adelaide Pascual, CNA

Review ID: 1-511510-10

99-446 Hakina Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 5/18/2021

## 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 6/18/2021.

## 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)- HHM#3 without results of APS/CAN/Fingerprinting in the CCFFH binder.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.

Comment:

41.(a)(3)- No Job Experience Form completed by CG#3 in the CCFFH binder.

41.(b)(8)- CG#1's CPR and First Aid certification/training expired on 5/16/2021. No current certificate present in the CCFFH binder.

41.(e)- No [REDACTED] Approval form present on CG#3 in the CCFFH binder.

## 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- No Sign In/Out forms present for the year 2020. CG#1 unable to find binder/completed forms.

# Foster Family Home - Corrective Action Report

**Foster Family Home**      **Client Account**      **[11-800-48]**

48.(a)      The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a)- No completed Account Record present in Client #3. CG#1 was in charge of client's monthly personal allowances/stimulus payments.

**Foster Family Home**      **Physical Environment**      **[11-800-49]**

49.(a)(4)      Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(c)(3)      The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(4)- Emergency exit door near the living room was obstructed/cluttered with multiple large plastic containers containing clothing, household items, etc. preventing a clear pathway for clients, wheelchairs, household members in the event of an emergency evacuation.

49.(c)(3)- Living room and bedrooms hallways were cluttered with multiple boxes, plastic bins, clothing, household items, etc. making this situation a fire safety hazard.

**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, CG#3, and CG#4 were without evidence of having had the CCFH Emergency Preparedness Plan training.

**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 approved locks for Client #1, Client #2, Client #3's bedrooms doors, and clients' bathrooms door. Under the My Choice My Way, clients should be provided a lock from the inside for clients' privacy rights.

53.(b)(9)- Client #3's bedroom(1/2 of the bedroom space) contained CG#1's personal belongings such as files, boxes of clothing, multiple plastic bins, etc.

**Foster Family Home**      **Records**      **[11-800-54]**

54.(c)(1)      Client's vital information;

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)(8)      Personal inventory.

Comment:

54.(c)(1)- Client #2's Face/Information Form was not updated to reflect client's additional medical insurance information.

54.(c)(2)- Client #1's Service Plan dated 4/20/2021 without signature of Client's POA.

54.(c)(5)- Medication discrepancy noted for Client #2- a once a week lifesaving medication was last signed on 4/28/2021.

54.(c)(8)- No completed Personal Inventory Checklist for Client #1.

Maikel Nakaurie, M      5/18/2021  
Compliance Manager      Date  
Adelaide Pascual      5/18/2021  
Primary Care Giver      Date

CTA RN Compliance Manager: MARIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: ADELAIDE PASCUAL

(PLEASE PRINT)

CCFFH Address: 99-446 HAKINA ST. AIEA, HI 96701

(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)(1)(2)	HHM #3 had fingerprinting completed & filed in CCFFH folder.	6/1/21	I made a reminder using a calendar to place when CCFFH requirements, such as fingerprinting, is due, so I can remind my SCGs and HHM.
41(a)(3)	Job Description for CG#3 filed in CCFFH folder.	5/20/21	I made a checklist for CCFFH requirements needed for the all CGs and will file it in my CCFFH folder.
41(b)(8)	CG#1 CPR, First Aid certification completed & filed in CCFFH folder.	5/24/21	I made a reminder using a calendar to complete CG requirements at least 3 months prior to expiration date
41(3)	CG#3 approval form filed in CCFFH folder.	5/25/21	I will make sure sure my CCFFH folder is organized so nothing is misplaced.
(3P)(b)(2)	Sign In/Out forms for year 2020 was found & filed in the CCFFH folder.	5/19/21	I made a separate folder for Sign In/Out forms for caregivers, which is accessible to all the caregivers.

 All items that were fixed are attached to this CAPPCG's Signature: Adelaide PascualDate: 6/18/21 CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: ADELAIDE PASCUAL

(PLEASE PRINT)

CCFFH Address: 99-446 HAKINA ST. AIEA, HI 96701

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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?
48(a)	Account record for Client#3 was found & filed in Client#3's chart.	5/19/21	All caregivers were reminded to not remove any portions of the client's chart. Thinning of the chart will be done by PCG & placed in a separate chart if the chart should get too thick & filed with the current chart.
49(a)(4)	Emergency exit door near the living room has been cleared.	5/20/21	All SCGs and HHMs were instructed not to block any exit doors to allow easy access in case of any emergency.
49(c)(3)	Living room & bedrooms hallways were cleared.	5/20/21	All SCGs and HHMs were instructed to keep living room & bedrooms hallways clear to provide easy access in case of any emergency.
50(a)	CG#2, CG#3, and CG#4 were provided Emergency Preparedness Plan Training.	6/2/21	I made a checklist for CCFFH requirements needed for the all CGs and will file it in my CCFFH folder.

All items that were fixed are attached to this CAP

PCG's Signature: Adelaide Pascual

Date: 6/18/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: ADELAIDE PASCUAL

*(PLEASE PRINT)*

CCFFH Address: 99-446 HAKINA ST. AIEA, HI 96701

*(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?
53(b)(9)	All bedroom and bathroom door locks for Clients #1, #2, and #3 have been changed to [redacted] approved locks.	6/15/21	SCGs and HHMs were informed that the locks have been changed to meet [redacted] requirements.
	Client#3's bedroom was cleared of CG#1's personal belongings	5/20/21	SCGs and HHMs were instructed to keep personal belongings out of Clients' bedrooms.
54(c)(1)	Client#2's updated face sheet was obtained by CMA & filed in Client's chart.	5/20/21	Instructed SCG's to assist me with checking the clients' charts monthly to make sure it's updated and complete.
54(c)(2)	Client#1's Service Plan dated 4/20/21 was signed by POA & filed in Client's chart.	5/20/21	Instructed SCG's to assist me with checking the clients' charts monthly to make sure it's updated and complete.

All items that were fixed are attached to this CAP

PCG's Signature: *Adelaide Pascual*

Date: 6/18/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: ADELAIDE PASCUAL

*(PLEASE PRINT)*

CCFFH Address: 99-446 HAKINA ST. AIEA, HI 96701

*(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(c)(5)	Medication discrepancy for Client#2 with last signed on 4/28/21, was given on 5/5/21 and 5/12/21 as scheduled, but CG forgot to sign.	5/20/21	In the future, I will make sure I sign the medication log (MAR) as soon as I give the client their medication to prevent medication discrepancies. SCGs have also been reminded to prevent incident from happening again.
54(c)(8)	Personal Inventory Checklist for Client#1 was completed & filed in Client's chart	5/20/21	I made a checklist for Client Chart requirements to be completed upon admission to my CCFFH.

All items that were fixed are attached to this CAP

PCG's Signature: *Adelaide Pascual*

Date: 6/18/21

CTA has reviewed all corrected items