

# Foster Family Home - Corrective Action Report

Provider ID: 1-150028

Home Name: Analyn Perez Guzman, NA

Review ID: 1-150028-8

94-150 Kupuohi Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/27/2021

## 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 5/27/2021.

## 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#1 and HHM#2 were without results of APS/CAN/Fingerprinting 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)- HHM#1 and HHM #2 were without evidence of having had the CCFFH's confidentiality policies and procedures and client privacy rights training in the CCFFH binder.

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

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)(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)- No Substitute Caregiver Disclosure form present for CG#3 in the CCFFH binder.

41.(b)(8)- CG#1 and CG#2's CPR lapsed on 2/27/2021; First Aid lapsed on 2/27/21 for CG#1 and CG#2; Blood borne lapsed on 2/20/2020 for CG#1 and CG#2 & CG#3's lapsed on 2/2/2021. No current renewals present in the CCFFH binder.

41.(f)(1)- HHM#1 and HHM#2 were without TB clearances results in the CCFFH binder.

# Foster Family Home - Corrective Action Report

Foster Family Home	Fire Safety	[11-800-46]
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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 completed for the months of April 2020 thru March 2021. CG#2 and CG#3 without evidence of having conducted a monthly fire drill for the past 12 months

Foster Family Home	Physical Environment	[11-800-49]
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49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- Emergency exit door near the kitchen was obstructed with large plastic bags of bottles/cans, household items, etc. preventing a clear pathway for wheelchairs to pass through safely in the event of an emergency/evacuation.

Foster Family Home	Quality Assurance	[11-800-50]
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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 evidence of having had training in the CCFFH's Emergency Preparedness Plan.

Foster Family Home	Insurance Requirements	[11-800-51]
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51.(a)(1) General;

51.(a)(2) Automobile; and

Comment:

51.(a)(1)- CCFFH's General Liability insurance policy expired on 12/31/2020 and no current renewal present in the CCFFH binder.

51.(a)(2)- CCFFH's auto insurance policy expired on 4/22/2021 and no current renewal present in the CCFFH binder.

Foster Family Home	Client Rights	[11-800-53]
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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)- Client #1's bedroom door knob without a lock from the inside for client's privacy right. Under the My Choice My Way, lock should be provided to ensure client's privacy.

53.(b)(9)- No written authorization present for a [REDACTED] in Client #1's bedroom.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 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.
- 54.(e) When a client leaves a home, all records and reports kept by the home shall be given to the case management agency.

Comment:

- 54.(a)(1)- CCFFH's Emergency Map didn't indicate/labeled exit doors.
- 54.(b)- No progress/observation notes entry for Client #1 by CG#1, CG#2, CG#3 since client's admission to CCFFH on 11/1/2017 thru 4/26/2021.
- 54.(b)(1)- CG#1's CCFFH chart/binder was in disarray/unorganized; documents were misfiled, missing, and had not been updated making it difficult and time consuming for CTA/agency to review.
- 54.(c)(2)- Client #1's Service Plan dated 11/2020 without signatures of Client/POA and CMA RN.
- 54.(c)(5)- Medication discrepancies noted for Client #1. No Medication Administration Record was started for the month of April 2021. One medication's dose didn't match the Medication Administration Record and MD's order. There were two medications that were discontinued on 2/17/21 and were still in client's bin.
- 54.(c)(8)- No Personal Inventory List completed for Client #1.
- 54.(e)- A discharged/expired client's chart was in the CCFFH. Per CG#1, client was discharged on 4/18/2021.

Maubel Nakamie, RN 4/27/2021  
Compliance Manager Date

Andya P. Gyzon 4/27/2021  
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: ANALYN P. GUZMAN  
(PLEASE PRINT)

CCFFH Address: 94-150 KUPUOHI PLACE, WAIPAHU HAWAII, 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.1	Obtain criminal history records checks for HM#1 and HM#2	6/20/21	Home will ensure to obtain criminal history records before accomodating any additional household member in the future  Use phone application to set a reminder 2 weeks prior to expiration to prevent it from being expired.
8.a.2	Obtain adult protective service perpetrator checks for HM#1 and HM#2	6/02/21	Home will ensure to obtain adult protective service perpetrator checks before accomodating any additional household member in the future  Use phone application to set a reminder 2 weeks prior to expiration to prevent it from being expired.
16.b.5	Provide training for confidentiality, policies and procedures and client privacy to HM#1 and HM#2	5/30/21	In the future, will train any additional household member within 2-3days adding them at home.

All items that were fixed are attached to this CAP

PCG's Signature: Analya P. Guzman

Date: 6/20/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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Chapter 11-800

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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?
41.b.4	Obtain Previous copy of CG#3 Disclosure Form Removed CG#3 from home substitute list.	4/30/21	In the future will ask substitute to sign disclosure form within 2-3 days adding them at home.
41.b.8	Retrive copy CPR, First Aid and Bloodborne Pathogen Training for CG#1 and CG#2 Removed CG#3 from home substitute list.	4/30/21	Home set up an application reminder on the phone 2 weeks prior to expiration to prevent it from expiring.
41.f.1	Obtain TB clearance result for HM#1 and HM#2	4/05/21 4/07/21	Home will ensure to obtain TB clearance result for any additional household member within a week adding them.  Use application reminder 2 weeks prior to expiration to prevent from expiring.  Appointment is set up with DOH TB Control Center, yearly.

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CCFFH Address: 94-150 KUPUOHI PLACE, WAIPAHU, HAWAII 96797  
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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?
46.a 46.b.2	Lapse cannot be corrected Lapse cannot be corrected		Home will ensure to conduct monthly fire drills and train all caregivers to implement emergency procedure.  Have all caregivers conduct at least one fire drill each year at random times.  Use application reminder to set up fire drill every month to prevent a missed fire drill.
49.a.4	Remove all plastic bags of booties and cans and household items near the kitchen exit door and clear pathway.	5/01/21	Home will ensure all exit door and exit pathways be free from any obstructions for safe evacuation.
50.a	Updated Emergency Preparedness Plan and train CG#2	5/14/21	Home will ensure to review Emergency Preparedness plan to each caregiver yearly.

All items that were fixed are attached to this CAP

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Date: 6/20/21

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CTA RN Compliance Manager: Maribel Nakamine

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CCFFH Address: 94-150 KUPUOHI PLACE, WAIPAHU HAWAII 96797  
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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?
51.a.1	Submitted an application for liability insurance policy, will add in the binder.	5/24/21	Home will ensure to renew liability insurance at least month before it expires.
51.a.2	Obtain a copy of auto insurance and file in the binder.	5/15/21	Home will ensure to add policy documents and secure a copy as soon as received in the mail.  Auto insurance is automatically renewed and linked to an account.
53.b.9	Change Client's door knob with lock.  Obtain Authorization from POA for [REDACTED] installed in room	5/27/21	Home will ensure client,s be treated with respect, understanding and full consideration of client's dignity and individuality including privacy in treatment and in care of client's personal needs.
54.a.1	Revised evacuation map with labeled exit doors, post a copy in client's room and common are	5/15/21	Home will ensure client's be aware of exit doors, and map be readable for them to identify each doors.
54.b	Lapse cannot be corrected		Home will to update all progress and write observation notes for clients and be practiced by all caregivers.

All items that were fixed are attached to this CAP

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Date: 6/20/21

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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?
54.b.1	Printed out Table of Contents for the home binder and organized it accordingly.	5/15/21	Home will ensure binder is updated and organized and use table of contents reference to be in order.
54.c.2	Have Client's POA and CMA RN review Client's Service Plan and signed.	5/9/20/21	In the future home will ensure to secure all signatures, while doing client service plan review.
54.c.5	Updated Medication Administration Record accordingly.  Obtain a new refill prescription for the medication and have it delivered and checked if it matched with MD order.  Discard discontinued medications	4/28/21	Home will check prescription label, and medication administration record on chart and match it with MD orders before giving to client and signed chart accordingly,  Home will review medications list and reconcile it with medication on hand monthly.
54.c.8	Retrieve a copy of client's inventory list that was in the client's binder.	4/28/21	Home will ensure to update client's inventory list yearly
54.e	Return Client's chart to CMA.	5/18/21	Home will ensure to return chart of client's be discharged at home.

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PCG's Signature: Analya P. Guzman

Date: 6/20/21

CTA has reviewed all corrected items