

Foster Family Home - Corrective Action Report

Provider ID: 1-562034

Home Name: Lydia Carpio, CNA

Review ID: 1-562034-9

94-1046 Puloku Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 6/22/2021

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 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/22/2021.

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;

Comment:

8.(a)(1)- CG#2's Ecrim lapsed on 11/18/2020 and renewed on 12/2/2020. CG#6's Ecrim lapsed on 6/23/2020 and renewed on 9/26/2020.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#2 with [REDACTED] no evidence of having [REDACTED] HHM#3's TB clearance lapsed on 3/31/2021 and renewed on 4/16/2021.

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 on [REDACTED] for CG#6 on Client #1, Client #2, and Client #3.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)Fire- No monthly fire drill completed from 7/2020 thru 5/2021.

(3)(b)(6)Fire- No evidence of CG#4, CG5, and CG#6 of having conducted a monthly fire drill for the past 12 months.

Foster Family Home - Corrective Action Report

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)- Clients' bathroom door without any lock from the inside for clients' privacy.

Foster Family Home

Records

[11-800-54]

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;

Comment:

54.(c)(2)- Client #2 and Client #3's current Service Plans were without signatures of clients/POAs.

54.(c)(5)- Medication discrepancies noted for Client #1. One lifesaving medication was not signed from 6/1/2021-6/21/2021.

Thaisel Nakamura, NW 6/22/2021

Compliance Manager

Date

Sydney V. Culp

6/22/2021

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: LYDIA V. CARPIO

(PLEASE PRINT)

CCFFH Address: 94-1046 Puloku Street, Waipahu, Hi 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	Lapse cannot be corrected	6/22/21	CG#1 will use a wall calendar to put all due dates 2 months before to prevent future lapses
41.b.7	Chest X'ray results was obtained for CG#2. It was placed into home record	6/23/21	CG#1 will use a chart where we can identify when requirements are due to prevent from expiring
43.c.3	RN delegation was done for CG#6 by the client's CMA. It was placed into the client chart	6/27/21	Whenever new CG added, CG#1 will create checklist to make sure they are signed on all skills
3P.b.1	Monthly fire dill was completed from 7/20 to 5/21. It was placed into the home record	6/24/21	CG#1 will use a wall calendar to put all dates when requirements are due to prevent from expiring
3.P.b.6	CG#4 conducted 2 monthly fire drills, CG#5-2 fire dills and CG#6 1 fire drill for the past 12 months. It was placed into the home record	6/28/21	CG#1 will inform other caregivers 2 months in advance to prevent from expiring
53.b.9	Placed a lock inside the client's bathroom door	6/23/21	CG#1 will check the bathroom door's lock for client's privacy
54.c.2	Service plans for client #2 and 3 was signed. It was placed into the client's record.	7/7/21	RN Case Manager notified of SP discrepancy. Discrepancy corrected and office to obtain POA signature
54.c.5	Transportation Plan changed Medication discrepancy was corrected by CG#1 on client's medication administration record	6/22/21 6/22/21	CG#1 will look at all the medication administration records & bottles to ensure they both match before giving a medication

All items that were fixed are attached to this CAP

PCG's Signature: Lydia V. Carpio

Date: 7/13/21

CTA has reviewed all corrected items