

Foster Family Home - Corrective Action Report

Provider ID: 1-150038

Home Name: Danette Zimmerman, NA

Review ID: 1-150038-9

103 Leilehua Road

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

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 recertification inspection for a 2 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;

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 6/20/2021 and Ecrim lapsed on 6/7/2021. No current APS/CAN/Ecrim 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 HHM#2.

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

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

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#3's TB clearance expired on 6/17/2021 and no current renewal present in the CCFFH binder.

41.(c)- CG#1 short of 9 hours(need 12 per year), CG#2 short of 6.5 hours(need 8 hours/annually), and CG#3 was also short of 6.5 hours(need 8 hours/annually) of in services training for the year 2020.

41.(g)- No evidence of CG#3 having had the Basic Skills Check training for Client #1.

Foster Family Home - Corrective Action Report

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.

Comment:

43.(c)(3)- No RN delegation [REDACTED] on CG#3 for Client #1. CG#2 and CG#3 without evidence of having had the RN delegation for [REDACTED] for Client #2.

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.

Comment:

46.(a)- No time variations of monthly fire drills (daytime only); no monthly fire drill conducted for the following months: January 2020, February 2020, March 2020, April 2020, August 2020, and January 2021.

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)- No evidence of CG#2 and CG#3 having had training in the CCFFH's Emergency Plan Preparedness.

Foster Family Home	Insurance Requirements	[11-800-51]
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51.(a)(2) Automobile; and

Comment:

51.(a)(2)- No automobile insurance policy present in the CCFFH binder.

Foster Family Home	Client Rights	[11-800-53]
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53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15)- CCFFH's visiting hours restricted to 7:30am- 6:00pm. Under the My Choice, My Way, visiting hours should not be restricted. CCFFH is to accommodate visitors on a 24 hours basis.

Foster Family Home - Corrective Action Report

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;
- 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;
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(2)- Client #1's Service Plan dated 2/14/2021 without signature of Client/POA. Client #2's Service Plan dated 2/25/2021 had no signature of Client/POA.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- one medication's label and MD order didn't match the Medication Administration Record(MAR).

Client #2- one medication was not transcribed in the MAR. Bottle was available and had a current MD order.

54.(c)(6)- No RN monthly visit/assessment for the months of May 2020 and March 2021 in Client #1's chart.

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

Shantel Nakamie, RN

Compliance Manager

Date

[Signature]

Primary Care giver

Date

6/22/2021
6/22/2021

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: Danette Zimmerman
(PLEASE PRINT)

CCFFH Address: 103 Leilehua Road Wahiawa, HI 96786
(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)(a)	APS/CAN for CG#1 and ecrim for CG#1 has been updated and is binder for viewing.	8-3-21	Home will use a calendar to put due dates on. Background checks will be done at least 30 days before due date to prevent future lapses.
16.6(b)(5)	Confidentiality policies and procedures and clients privacy rights training sheet was located and is in binder for viewing for HHM#2	8-3-21	Home will check binder monthly to make sure all documents are in tabed area of binder.
41.6(b)(1)	TB Clearance for CG#3 has been located and is in binder for viewing.	8-3-21	Home will check binder monthly to make sure all documents are in tabed area of binder. Home will use a calendar to put due dates on.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 8-23-21

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: Dave Zimmerman
(PLEASE PRINT)

CCFFH Address: 103 Leilehua Road Wahiawa HI 96786
(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?
41.(g)	Cannot correct large client #1 passed away on 7/23/2021	8/3/21	Home will make sure that all documents are filed in the correct tabed section in binder. Home will do a monthly check on binder to see that all documents are updated.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 8-23-21

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:

Danette Zimmerman

(PLEASE PRINT)

CCFFH Address:

103 Leilehua Road Wahiawa HI 96781

(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?
41(c)	<p>CT# 1 has completed 12 hours of in service training. Certificate is located in binder and ready for viewing.</p> <p>CT# 2 has completed 8 hours of in service training. Certificate is in binder and is ready for viewing.</p> <p>CT# 3 has completed 8 hours of in service training and is ready for viewing available in binder.</p>	8-30-21	<p>Home will use a calendar to make sure that all in service training hours are completed in a timely deadline. Home will check binder monthly to make sure all documents are updated.</p>

All items that were fixed are attached to this CAP

PCG's Signature:



Date:

8-30-21

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: Dante Zimmerman
(PLEASE PRINT)

CCFFH Address: 103 Leilehua Road Wahiawa HI 96786
(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?
43(d)(3)	Lapse cannot be corrected for having no RN delegation of [redacted] administration on CT#3 for client #1. Client #1 has [redacted] on [redacted]. CT#2 and CT#3 signed RN Delegation for [redacted] for client 2.	8/3/21	Home will check binder monthly to assure all RN Delegations for [redacted] for clients are updated with signature.
46(a)	Have located missing Fire Drills report forms for 1/2020, 2/2020, 3/2020, 4/2020 and 8/2020 and 1/2021 and is binder and available for viewing.	8/3/21	Home will check binder monthly to assure that all monthly fire drills are fitted filed in appropriate sections in tab binder.

All items that were fixed are attached to this CAP
PCG's Signature: _____ Date: 8/23/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Marilyn Nakamine

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

PCG's Name on CCFFH Certificate: Dante Zimmerman
(PLEASE PRINT)

CCFFH Address: 103 Leilehua Road Wahiawa HI 96786
(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?
50.(a)	Documentation for Emergency Plan Preparedness has been located and has been put in binder for viewing.	8-3-21	Home will check to see if all documentation is located in appropriate filing tab in binder monthly to assure that no missing documents are evident.
51(a)2	Documentation for automobile Insurance policy has been located and put in binder for review.	8-3-21	Home will check binder monthly to make sure there are no missing or expired documents in binder.
53(b)(15)	CCFFH's Visiting hours have been updated from Open Selective hours to 24 hours a day.	8-3-21	Home has acknowledged that visiting hours are 24-7 and not Selective hours. a monthly check of binder will be done to assure there are no changes.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 8-23-21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakomine

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

PCG's Name on CCFFH Certificate: Daten Zimmerman
(PLEASE PRINT)

CCFFH Address: 103 Leilehua Road, Wahiawa, HI 96786
(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)(2)	Correction cannot be made for missing signature for client #1. Client #1 [redacted] Correction was made on Client #2's service plan dated on 2/25/21. Client was able to sign document.	8-3-21	Home will check binder monthly to assure that there are no missing signatures on documents.
54(c)(5)	Correction cannot be made for Client #1. Client [redacted] Correction made for client #2. Medication was transcribed in the MAR and updated.	8-3-21	Home will make sure that all medication prescribed by physician is updated monthly and is transcribed on MAR.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 8-23-21

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: Date Zimmerman

CCFFH Address: 103 Leilehua Road Wahiawa HI 96786
(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)(6)	Correction cannot be made for client #1 Client [redacted] on [redacted]	8-3-21	Home will make sure to check binder monthly to assure that all RN monthly visits are filed accordingly in total area in binder.
54.(c)(8)	Correction cannot be made for client #1 Client [redacted] on [redacted]	8-3-21	Home will make sure that that Personal Inventory checklist is completed upon admission of client
54.(c)			

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 8-23-21

CTA has reviewed all corrected items