

Foster Family Home - Corrective Action Report

Provider ID: 1-110059

Home Name: Imelda Del Rosario, CNA

Review ID: 1-110059-11

3402 A Maluhia Street

Reviewer: Maribel Nakamins

Honolulu HI 96816

Begin Date: 6/4/2021

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

5.(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 7/4/2021.

The issue of no approved caregiver will be addressed under separate cover.

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)- No APS/CAN/Fingerprinting results present for HHM#2 in the CCFFH binder.

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

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

Comment:

12.(4)- one HHM was not previously reported [REDACTED] - HHM#2 was living in the CCFFH for a year per CG#1.

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 - Corrective Action Report

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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(b)(4)- CG#1's [REDACTED] Caregiver Disclosure was not updated at the beginning of the CCFFH inspection. A HHM had been living in the CCFFH for a year now per CG#1.
41.(f)(1)- No TB clearance present for HHM#2.
41.(j)(2)- No [REDACTED] approved [REDACTED] caregiver present in the CCFFH at the start of the CCFFH inspection/survey. CG#1 was not home and a [REDACTED] visitor was left with the client. Another [REDACTED] was home but does not speak English and was not declared initially as a HHM but had been living in the CCFFH for over a year.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medication side effects present in Client #1's chart.

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(2) Inspection of service sites;

Comment:

50.(e), (e)(2) - No doorbell/buzzer present on the CCFFH front door, CTA knocked on the door multiple times for approximately 10 minutes, CG#1 was called via home number -fax beeping noise was heard; contacted CG#1's cellphone-claimed she's not at home and will call someone in the home to open the front door.

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- only the first page (signature/acknowledgment page) was present inside the client's chart. There were 7 pages missing.
54.(c)(5)- there was one lifesaving medication bottle dispensed by pharmacy on 5/5/21 with 3 refills by 5/22 per label - not transcribed in the Medication Administration Record and no current MD order present in Client #2's chart.
54.(c)(6)- Monthly RN Visit Summary not present for the month of January 2021 in Client #1's chart.
54.(c)(8)- No Personal Inventory list completed for Client #1.

Markel Nakemire, RN
Compliance Manager

[Signature]
Primary Care Giver

6/4/2021
Date

6/4/2021
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: IMELDA DEL ROSARIO

(PLEASE PRINT)

CCFFH Address: 3402A MALUHIA ST. HONOLULU, HI 96816

(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	Criminal History Background check was obtained for HHM#2. It was placed into CCFFH binder.	6/6/21	Home will use a wall calendar to put all due dates on and background checks will be done at least 2 weeks before due date to prevent future lapses.
8.a.2	APS/CAN/Fingerprinting was obtained for HHM#2. It was placed into CCFFH binder.	6/30/21	New HHM should get APS/CAN/ Fingerprinting immediately if the person has direct contact with the clients. Home will use a spreadsheet on laptop to identify when requirements are due to prevent from expiring.
12.4	HHM#2 was reported [REDACTED] and added as a new member and placed into CCFFH binder.	6/4/21	Home will notify [REDACTED] if an individual will stay in the house for more than 30 days and be added as HHM.
16.b.5	HHM#2 was given training for confidentiality policies and procedures and client privacy rights. CG#1 have him signed and placed into CCFFH binder.	6/4/21	CG#1 should immediately give training to a new HHM being added to home, of the confidentiality policies and procedures and client privacy rights.

 All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 08/13/21
 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: IMELDA DEL ROSARIO

(PLEASE PRINT)

CCFFH Address: 3402A MALUHIA ST. HONOLULU, HI 96816

(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.b.4	Primary Caregiver Disclosure has been updated as new HHM was added to home. It was submitted [REDACTED]	6/4/21	CG#1 will update Disclosure [REDACTED] for any new HHM added to home.
41.f.1	TB Clearance was obtained for HHM#2. It was placed into CCFFH binder.	6/9/21	Home will use a spreadsheet on laptop to identify what are the requirements needed to be completed when a new HHM being added to home.
41.j.2	CG#1 admitted and take full responsibility of the violations committed.	6/4/21	CG#1 will have additional approved caregivers to cover her absence. Someone who is preferably reliable, dependable and capable of managing all client care in case of any event occurring in the home.
47.c	List of medication side effects were obtained from Pharmacy and placed into Client#1's chart.	6/18/21	For any new medication ordered for the client, CG#1 will ask Pharmacy and/or Physician a copy of the new medication side effects.

 All items that were fixed are attached to this CAP

PCG's Signature: _____


Date: 08/10/21
 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: IMELDA DEL ROSARIO

(PLEASE PRINT)


CCFFH Address: 3402A MALUHIA ST. HONOLULU, HI 96816

(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.e, 50.e.2	Purchased a doorbell and placed on the front door.	6/5/21	CG#1 will have an approved caregiver available to cover her absence, to watch the clients, answer phone calls or open the door for incoming visitors.
54.c.2	Client#1's service plan missing pages were completed and obtained from Client's CMA. It was placed into Client#1's chart.	6/5/21	CG#1 will go over Client's chart and notify CMA for any missing documents.
54.c.5	Medication discrepancy was corrected by Client's CMA, MD and Pharmacy, on Client's Medication Administration Records.	6/14/21	CG#1 will look all the medication listed on the MAR, MD's current orders and the medication bottles to ensure that they all match. Double check if it needs to continue, discontinue or any changes in doses. Home will immediately notify CMA, MD and/or Pharmacy if there's any discrepancy. CG#1 will document events and actions taken in the client's progress notes.

 All items that were fixed are attached to this CAP

PCG's Signature: _____


Date: 08/13/21 CTA has reviewed all corrected items

CTA RN Compliance Manager: MAKIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: IMELDA DEL ROSARIO

(PLEASE PRINT)

CCFFH Address: 3402A MALUHIA ST. HONOLULU, HI 96816

(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	Monthly RN visit Summary Report for Jan. 2021 was obtained from Client's CMA and placed into Client#1's chart.	6/4/21	CG#1 will go over Client's chart every time and notify CMA/RN for any missing monthly summary report.
54.c.8	Personal Inventory List completed and placed into Client#1's chart.	6/5/21	CG#1 will make an initial personal belongings inventory list for the new admitted client, then an update will be done every month.

 All items that were fixed are attached to this CAP

PCG's Signature: _____


Date: 08/13/21
 CTA has reviewed all corrected items