

Foster Family Home - Corrective Action Report

Provider ID: 1-140028

Home Name: Maricor Malvar, CNA

Review ID: 1-140028-14

94-1084 Eleu Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 4/20/2021

Foster Family Home Required Certificate [11-800-5]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Unannounced annual inspection for a 3 person CCFH completed.

Corrective Action Report issued during CCFH inspection with a written plan of correction due to CTA on 5/26/2021.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(d)(2)(A) A caregiver, substitute caregiver, or other adult residing in the community care foster family home, except for adults receiving care, has been convicted of a crime other than a minor traffic violation involving a fine of \$50 or less;

Comment:

8.(a)(2)- CG#4's APS/CAN lapsed on 1/10/2020 and renewed on 1/17/2020.

8.(d)(2)(A)- CG#2's Ecrim result dated 1/10/2021 with an [REDACTED] for a violation dated [REDACTED] and no current [REDACTED] determination was present from Fieldprint.

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 CG#3.

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

Comment:

41.(b)(4)- No Substitute Caregiver Disclosure Form present in the CCFH binder for CG#3.

41.(b)(7)- TB clearance lapsed for CG#4 on 12/3/2020 and no renewal present in the CCFH binder.

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

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

Comment:

(3P)(b)(2) Fire- No monthly fire drill completed for the months of December 2020, January 2021, and February 2021.

Foster Family Home - Corrective Action Report

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 11-600-50(b). The caregivers shall document these events and the action taken in the client's progress notes.
- 47.(d) Use of physical or chemical restraints shall be:
- 47.(d)(1) By order of a physician;
- 47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

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

47.(d), (d)(1)- No MD order present in Client #1's chart for [REDACTED]

47.(e)- No training/special instructions for CG#1, CG#2, CG#3, and CG#4 present for Client #1's [REDACTED]

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(b)(2) Env. the room must be adequate for socialization and recreation by the clients

Comment:

(3P)(b)(2)Env.- CCFFH's living room for the clients was being utilized as a bedroom by 2 children.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented informal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home

Records

[11-800-54]

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)(6)- Monthly RN Visit Notes/Summaries were not present in Client #1's chart for the months of December 2020, January 2021, and February 2021.

54.(c)(8)- No Personal Inventory Checklist completed in Client #1's chart.

Mariabel Nakamiro, RN 4/26/2021
Compliance Manager

Date

[Signature]
Primary Care giver

Date

4/26/2021

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: Maricor Q. Malvar

(PLEASE PRINT)

CCFFH Address: 94-1084 Eleu 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.2	Lapsed cannot be corrected. CG #4 completed APS/CAN and placed it in the CCFFH Binder.	01/17/20	Home will use a wall calendar to put all due dates on. APS/CAN will be done atleast 6 weeks before due date to prevent future lapses.
8.d.2	Fingerprint/APS/CAN for CG #2 were completed and placed it in the CCFFH Binder.	08/12/21	CG #1 shall not hesitate to call [REDACTED] for further instructions if CG #1 is not familiar with the next step to do before the expiration date of certain documents.
16.b.5	Confidentiality policies and procedures and client's privacy rights training for CG #3 was completed and filed in CCFFH binder.	05/20/21	CG #1 must have a checklist to those required documents before caregivers can start to work for CG #1 to prevent future problems.
41.b.4	Caregiver Disclosure Form for CG #3 was completed and filed in CCFFH binder.	05/20/21	CG #1 must have a checklist to those required documents before caregivers can start to work for CG #1 to prevent future problems.

All items that were fixed are attached to this CAP.

PCG's Signature: _____

Maricor Q. Malvar

Date: 8/19/21

CTA has reviewed all corrected items.

CTA RN Compliance Manager: Maribel Nakamino

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

PCG's Name on CCFFH Certificate: Maricor Q. Malvar

(PLEASE PRINT)

CCFFH Address: 94-1084 Eleu 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?
41.b.7	Lapsed cannot be corrected for CG #4. CG #1 and CG #4 signed the Change of Notification Form (removal). It was placed in the CCFFH Binder.	04/26/21	CG #4 is no longer available to work under my CCFFH.
3P.b.2	Fire drill were completed for the months of December 2020, January 2021, and February 2021. It was filed in the CCFFH binder.	04/26/21	Home will include all caregivers for monthly fire drill and will use a wall calendar to put a reminder of a fire drill that needs to be done monthly.
47.c	List of medications for client #1 cannot be corrected.	08/16/21	CG #1 contacted CMA and client #1 chart is no longer available. Client passed.
47.d.1	MD order siderails for client #1 cannot be corrected.	08/16/21	CG #1 contacted CMA and client #1 chart is no longer available. Client passed.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Maricor Q. Malvar

Date: _____

8/19/21

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: Maricor Q. Malvar

(PLEASE PRINT)

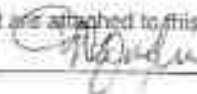
CCFFH Address: 94-1064 Eleu Street Waipahu HI 96797

(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?
47.e	Special instructions/training for pureed diet and nectar thickened liquids for client #1 for CG #1,#2,#3, #4 cannot be corrected.	08/16/21	CG #1 contacted CMA and client #1 chart is no longer available.
3P.b.2	CG #1 notified the kids to sleep in their designated room. The living room is tidy and vacant for clients to spend their time socializing with others and do their activities.	04/26/21	CG #1 shall remind the kids to sleep in their room and not to lye down in the living room to prevent the clients from isolating in their rooms.
50.a	CG #3 read and signed the CCFFH Emergency Preparedness Plan Training. It was placed in the CCFFH binder.	05/20/21	CG #1 shall check CCFFH binder to ensure that all caregivers has signed the required documents and follow the CCFFH protocol.

All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: 8/19/21

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: Maricor Q. Malvar

(PLEASE PRINT)

CCFFH Address: 94-1084 Eiou 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?
54.c.6	Monthly RN Visit Notes/Summaries cannot be corrected.	08/16/21	CG #1 contacted CMA and client #1 chart is no longer available. Client passed.
54.c.8	Personal Inventory Checklist for client #1 cannot be corrected.	08/16/21	CG #1 contacted CMA and client #1 chart is no longer available. Client passed.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Maricor Q. Malvar

Date: 8/19/21

CTA has reviewed all corrected items