

Foster Family Home - Deficiency Report

Provider ID: 1-190002

Home Name: David Drig, NA

Review ID: 1-190002-6

96-239 Waiawa Road, #B

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 8/26/2021

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

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

Comment:

6.d.1 Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/26/2021.

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 and HHM#3.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.

Comment:

41.(b)(7)- CG#1's TB clearance expired on 8/17/2021; CG#3 & CG#4 without any TB Clearances present in the CCFFH binder.

41.(b)(8)- CG#1's Blood borne pathogen and infection control training certification expired on 9/10/19 and CG#2's expired on 4/5/2020. CG#3 without any training certification in First Aid. CG#4 without any CPR, First Aid, and Blood borne pathogen and infection control training certification present in the CCFFH binder.

41.(c)- CG#1 and CG#2 without any annual in services present in the CCFFH binder.

Foster Family Home Fire Safety [11-800-46]

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)- Monthly fire drills without any record of conducting a nighttime drill. CG#2 without evidenced of having conducted a monthly fire drill for the past 12 months.

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Foster Family Home

Quality Assurance

[11-800-50]

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 without evidenced of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- Automobile insurance policy expired on 4/14/2020 and did not met the required minimum coverage.

Foster Family Home

Records

[11-800-54]

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)(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;

Comment:

54.(b)(1)- CCFFH's chart was in disarray- documents were not filed properly, missing documents, etc.

54.(c)(2)- Client #2's Service Plan expired on 11/23/2020.

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

Client #1- Medication Administration Record(MAR) was last signed on 8/9/2021.

Client #2- MAR was last signed on 8/9/2021. One medication's label did not match the MD order and the MAR.

54.(c)(6)- ADLs/Daily Care Flowsheet of Client #1 was last signed on 8/9/2021.

Shiribel Nakamire, MSW

Compliance Manager

[Signature]

Primary Care Giver

8/26/2021

Date

8/26/2021

Date

Maribel Nakamine

CTA RN Compliance Manager: _____

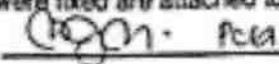
Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

PCG's Name on CCFFH Certificate: DAVID PRIGA
(PLEASE PRINT)

CCFFH Address: 91239 WAIAWA ROAD # B PENE CITY HI 96752
(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?
16.(b)(6)	How policies and procedures and client privacy rights reviewed with all CGs and documented.	9/24/21	will use home and iphone calendar to routinely check policies and procedures.
41.(b)(7) 41.(b)(8) 41.(c)	Updated all TB clearance and bloodborne pathogen. Also updated annual in-service for CG and CGA.	9/26/21	will review all certifications and inservices routinely and use iphone calendar to ensure no lapses occur.
46.(a) 46.(b)(2) 50.(a)	all safety and emergency drills were reviewed with all CGs. Fire drill done with SCG. Ensured all CGs can perform fire drill and emergency procedures.	9/24/21	will ensure all CGs are aware and able to perform emergency procedures. will use sticky notes to remind all CGs to review emergency policies and procedures.
51.(a)(2)	automobile insurance not required clients use public transportation like taxi/cab or private transport.	9/21/21	removed copy of expired auto insurance from home folder.
54.(a)(1) 54.(c)(2) 54.(c)(5) 54.(c)(6)	updated both client charts moved the home folder for easier review. had MAR reviewed by CMA to review for any discrepancies.	9/29/21	use sticky notes to remind to routinely check charts and home charts to prevent any lapses.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 9/30/21

CTA has reviewed all corrected items