

# Foster Family Home - Corrective Action Report

Provider ID: 1-559081

Home Name: Josephine Domingo, CNA

Review ID: 1-559081-10

91-823 Moneha Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 3/30/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Corrective action report issued with corrective action plan due to CTA within 30 days of inspection.

The issue of an leaving clients in the CCFFH with an unapproved caregiver will be addressed under separate cover. Please continue to address your Corrective Action Report and submit by the due date of 5/01/2021

## 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) There is no evidence of current clearance for APS, CAN or ECRIM for CG # 1 and # 2 and HHM # 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 proof that CCFFH provided training to █ CG and HHM on their confidentiality policies and procedures and client privacy rights.

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

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

Comment:

41.(b)(8) No evidence of current CPR, First aid or blood borne pathogen certification for CG 1 or 2 both due on 1/28/21

## 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 present for CG # 2 on █ █ precautions.  
HHM # 1 has signed on several of the delegations even though he has not applied for, and is not approved to be a █ CG

# Foster Family Home - Corrective Action Report

## 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.

Comment:

46.(a) No documentations of fire drills since January 2019

## Foster Family Home      Physical Environment      [11-800-49]

49.(a)(4)      Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(e)      The home shall have policies regarding smoking on the property that:

Comment:

49.(a)(4) there is a lock on the door between the client # 2 bedroom and the the home locking the clients into a section of the home without a dining room area for eating space. Clients state they each eat alone in their rooms.

49.(e) Unable to locate the CCFFH policy on smoking

## 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) no evidence of documented internal emergency management policies has been signed by caregivers

## Foster Family Home      Client Rights      [11-800-53]

53.(b)(6)      Be fully informed of the conditions under which the home may manage the client's personal financial affairs;

53.(b)(15)      Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(6) No evidence of CCFFH documenting monthly client personal financial affairs

53.(b)(15) visiting hours posted state limited to 9-10 am and 3-4 pm. Per "My choice my way" visiting hours cannot be restricted

# Foster Family Home - Corrective Action Report

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) The unapproved CG present at the time of the visit was unable to locate client # 1 binder to facilitate inspection. CCFFH administrative binder is in disarray making it difficult to survey

54.(c)(2) Service plan for client # 2 has [redacted] up, and a [redacted] There is no [redacted] and no [redacted]

54.(c)(5) Survey did not include medication reconciliation due to client 1 and 2 medications unable to locate, and client # 1 MAR unable to locate at the time of survey. CMA notified. The MAR for client # 2 was pre-signed through the end of the month.

54.(c)(6) Daily documentation for client # 1 could not be located. Client # 2 had no documentation on flow sheet documentation since 2/22/21

A Chamberlain RN  
Compliance Manager

Placida Agustin  
Primary Care Giver

3/31/21  
Date

3/31/21  
Date