

Foster Family Home - Deficiency Report

Provider ID: 2-560054

Home Name: Ernesto Tadeo, CNA

Review ID: 2-560054-14

16-211 Orchidland Drive

Reviewer: Terri Van Houten

Kea'au HI 96749

Begin Date: 2/21/2022

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 home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 3/23/2022.

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) - eCrim expired for CG#1 and CG#2. HHM#3 did not have evidence of 2 sets of fingerprints on file.

Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(2) Be a NA, an LPN, or RN;

- 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)(5)(C)(iv) Use of an insured vehicle;

- 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.

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

Comment:

- 41.(a)(2) - CNA certificate expired for CG#3

- 41.(b)(4) - CG#1 disclosure form is outdated for the number of HHMs present in the home. CG#3 did not have a disclosure form on file.

- 41.(b)(5)(C)(iv) - CG#1 did not have evidence of current vehicle insurance on file. No alternate transportation plan in place for CG#3.

- 41.(b)(8) - Unable to verify authenticity of CPR/First Aid certificate for CG#2 and CG#3. Will need to provide verification or repeat training.

- 41.(c) - CG#1 did not have evidence of 12 hours of annual training completed within the last 12 months.

- 41.(f)(1) - TB clearance expired for HHM#3 and #4.

Foster Family Home	Medication and Nutrition	[11-800-47]
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- 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) - CCFFH did not have evidence of medication side effects documentation present in the file for Client #1.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(c)(1) Client's vital information;
- 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)(1) - CCFFH did not have a current face sheet on file for client [REDACTED].

54.(c)(2) - CCFFH did not have evidence that the service plan has been reviewed/signed by client [REDACTED] and [REDACTED] and/or their POA.

54.(c)(5) - CCFFH did not have a MAR for December 2021 for Client [REDACTED] (admitted [REDACTED]). MAR last documented on 2/16/22 for Client #1, #2, and #3. One medication was missing from the supply of client #2.

54.(c)(6) - ADL flowsheet last documented on 2/16/22 for Client #1, #2, and #3.

54.(c)(8) - CCFFH did not have evidence that a personal inventory has been completed for client [REDACTED].



Compliance Manager



Primary Care Giver

2/21/22

Date

2/21/22

Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN / Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: ERNESTO TADEO
 (PLEASE PRINT)

CCFFH Address: 16-21 Orchidland Keanu HI 96749
 (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?
6.(a)(1)	Inspection for 3 bed CCFFH recertification	3/22/22	We will make sure to comply or submit all the requirements before the due date.
8.(a)(1)	Both lapses cannot be corrected on Ecrim for CG #1 and CG #2, HHMs APS / CAN completed sets 1 requested sets 2 for the HHMs APS/CAN	3/11/22 3/29/21 3/21/22	Home will use a wall calendar to put all due dates on Ecrim, it should be done 2 weeks before due date to prevent lapses. We will wait for the results of the APS/CAN and will place in the binder.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 4/8/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN / Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: ERNESTO TADEO

(PLEASE PRINT)

CCFFH Address: 16-211 Orchmelland Keauu HI 96749

(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.(a)(2)	SG# 3 completed her CNA certificate 1/31/22	1/31/22	Home will make sure to update the license and have the copy and place in the binder.
41.(b)(4)	Disclosure forms of CG 1 CG#3 is submitted, and 2 HHMs filed in the binder.	3/20/22	Asked all caregivers and HHMs to fill out all the forms especially disclosure form before submitting to the home, or updating yearly.
41.(b)(6)	CG#1 added his name to the vehicle insurance policy. CG#3 have alternate transportation plan, and place in the binder.	3/8/22 3/15/22	CG will always included in the policy, use cell phone and iPad reminder one month before the exp. date, and ask the CG#3 the copy at all times and place it in the binder, to avoid violation.
41.(b)(8)	CG#2 and CG#3 completed CPR/First Aid.	3/2/22 2/17/22	no violation, completed the training both CG#2 and 3.
41.(c)	CG 12 hrs. annual inservice completed and placed in CCFFH binder.	3/11/22	CG asked 2 months ahead @ the working place, only completed 3/11/22 given the certificate.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 4/8/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN / Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: ERNESTO TADEO

CCFFH Address: 16211 Orchardland Keolu HI 96749
(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)(8)	9) completed the client's list of belongings, personal inventory review.	2/22/22	make sure to update all changes on clients personal inventory, always go through both clients binder to double check anything that needs to be updated.
41(S)(1)	HHMs 3 and 4 have completed TB clearance. Place in the binder.	3/16/22	Home will use a spread sheet on top to identify requirements are due 2 months before they expire to allow time to get them done before they are due. CCFFH will ensure that all medication has a list of side effect filed in the client folder.
47.(C)	Client obtain, printed and filed medication list of side effects through online.		

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 4/8/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: ERNESTO DAEDO
(PLEASE PRINT)

CCFFH Address: 16-211 Orchardland Keaan HI 96749
(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)(1)	I completed the face sheet for client # [redacted] and place in the binder.	2/16/22	I'll make sure ^{to} update the face sheets every time there's a change and ask the CMRN to check to avoid violation.
54(c)(2)	client # [redacted] SP has been sign, and client [redacted] SP was sign by the POA.	3-1-22 3-17-22	client no 2 refused to sign, will encourage him to make sure he gonna sign every year. We will make sure the POA will sign, remind her annually to avoid violation.
54(c)(5)	client # [redacted] have a MAR for December and place to the binder. correction to client # [redacted] admitted [redacted], client # 1, #2, #3 MAR last Dec. on Feb. 16, 2022, client #2 have his medication.	2/22/22 2/24/22	Home will do the documentation right after administering medication to all the client to prevent violation. we will make sure to ask refill ahead of time so that no run out med, in the future.
54(c)(6)	Lapse cannot be corrected for the days that have not been done for the flow sheets before inspection.	2/21/22	All caregivers will be reminded daily to fill out the flow sheets daily during their shifts.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 4/8/22

CTA has reviewed all corrected items