

Foster Family Home - Deficiency Report

Provider ID: 5-623589

Home Name: Leonarda Batulayan

Review ID: 5-623589-14

5419 Kuapapa Street

Reviewer: Maribel Nakamine

Kapa'a HI 96746

Begin Date: 5/12/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of corrections due to CTA on 6/12/2022.

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;

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)- C ■■■s APS/CAN lapsed on 6/20/21; Ecrim lapsed on 6/1/21. No current results present in the CCFFH binder. HH ■■■s APS/CAN lapsed on 6/20/21 and no current results present. HH ■■■ without any results of APS/CAN/Fingerprinting present in the CCFFH binder.

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#2, CG#3, HHM#1, and HHM#2.

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)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

- 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.

- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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

- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

- 41.(a)(2)- CG █ CNA license certificate lapsed on █; CG █ RN license certificate lapsed on █. Both were without current certificates present in the CCFFH binder.
- 41.(b)(5)- CG █ ID expired on █.
- 41.(b)(7)- C █'s TB clearance expired on █; C █'s █; C █'s █; and no current TB clearances present in the CCFFH binder.
- 41.(b)(8)- C █ without any CPR certification present in the CCFFH binder. CG █ Bloodborne pathogen and infection control certification expired on █ and no current certificate present in the CCFFH binder.
- 41.(c)- C █ was short of 5 hours of annual in service training.
- 41.(e)- CG █ without a CTA approval form present in the CCFFH binder.
- 41.(f)(1)- HH █ TB clearance expired on █ and no current TB clearance present. HH █ without any TB clearance present in the CCFFH binder.
- 41.(g)- No Basic Skills Checklist completed for CG#1, CG#2, and CG#3 in Client #1's chart.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 completed for CG#1, CG#2, and CG#3 in Client █'s chart.

Foster Family Home	Fire Safety	[11-800-46]
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- 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)- Last monthly fire drill completed was on 6/15/21. No nighttime fire drill conducted for the past 12 months.

Foster Family Home - Deficiency Report

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

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d), (d)(1)- No MD order present for Client [REDACTED] [REDACTED] [REDACTED].

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client [REDACTED] bedroom windows with dried brownish materials/dirt smeared on the glass windows and windowsills.

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 Emergency Preparedness Plan present; CG#2 and CG#3 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

51.(a)(2) Automobile; and

Comment:

51.(a)(1)- CG#1's General Liability Insurance Policy coverage lapsed on 11/30/21 and no current policy present in the CCFFH binder.

51.(a)(2)- CCFFH's Auto Insurance policy coverage lapsed on 2/14/21 and no current policy present in the CCFFH binder.

Foster Family Home Records [11-800-54]

54.(a)(3) A list of applicable community resources.

54.(c)(5) Medication schedule checklist;

Comment:

54.(a)(3)- No list of community resources present in the CCFFH binder.

54.(c)(5)- Medication discrepancies noted for Client [REDACTED] and Client [REDACTED]

Client [REDACTED] No Medication Administration Record (MAR) for the following months: 12/2021, 1/2022, 3/2022, 4/2022 and 5/2022.

Client [REDACTED] No MAR initiated for the month of May 2022. MAR was last signed on 4/19/2022.

Marilyn Nakamine, RN 5/12/22

Compliance Manager

Date

Leona Patel

Primary Care Giver

Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Leonarda Batulayan
(PLEASE PRINT)

CCFFH Address: 5419 Kuapapa Street Kapa'a HI 96746
(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) (2)	APS/CAN fingerprint, ecrim obtained and filed in CCFFH binder. CG#3 removed from binder.	6/2/2022	Expiration dates were marked in my calendar.
16.(b)(5)	Confidentiality Policy & client privacy rights training conducted and placed in CCFFH binder including household member training. CG#3 removed from binder	6/15/2022	In the future training will be done with 7-10 days of adding new caregivers to the CCFFH.
41.(a)(2)	CG#2 received a current license certificate placed it in my CCFFH binder. CG#3 removed from binder	6/15/22	Expiration date was written in my calendar
41.(b)(5)	CG#3 removed from binder	6/15/22	Will use checklist to keep track of expiration dates
41.(b)(7)	CG#2-I get a copy of TB clearance and placed it in my CCFFH binder. CG#3 removed from binder	6/15/22	I will use wall calendar to put due dates on. Will inform CG's prior to expiration.
41.(b)(8)	CG#3 removed from binder	6/15/22	Expiration dates written in my calendar to avoid lapses
41.(c)	CG#2 copy of inservice placed in my CCFFH binder including CPR	7/15/22	Valid for one year and marked in down in my calendar with expiration dates.

All items that were fixed are attached to this CAP
PCG's Signature: Leonarda Batulayan Date: 7/24/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Leonarda Batulayan

(PLEASE PRINT)

CCFFH Address: 5419 Kuapapa Street Kapa'a HI 96746

(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.(e)	Obtained CTA approval form for CG#2 and filed in home binder.	6/15/22	CG#1 will use checklist to keep track of forms.
41.(f)(1)	HHM#1 TB clearance obtained and filed in CCFFH binder.	6/15/22	Expiration dates marked on my calendar.
41.(g)	CG#1, CG#2 basic skills filed in CCFFH binder, CG#3 removed	6/16/22	CG#1 will notify CMA RN to conduct delegation prior to care being provided to clients
43.(c)(3)	RN delegations obtained and filed in CCFFH binder for CG#1, CG#2. CG#3 removed from binder	6/16/22	CG#1 will notify CMA RN to conduct delegations prior to care being provided to clients.
46.(a)	Fire drills placed in CCFFH binder.	5/15/22 6/30/22	Will use wall calendar to keep track of fire drills every month for CG#1 and CG. Will conduct during nighttime.
47.(d)(1)	Client discharged on 5/21/2022	6/15/22	Will keep all MD orders in clients charts
49.(c)(3)	Client #2 glass windows were cleaned in bedroom	5/13/22	CG#1 will check to make sure that windows are kept clean.
50.(a)	CG#1 provided training of the CCFFH's Emergency Preparedness Plan to CG#2. Signed document filed in CCFFH binder. CG#3 removed	7/5/22	In the future training will be done within 7-10 days of adding new caregivers to the CCFFH.

All items that were fixed are attached to this CAP

PCG's Signature: Leonarda Batulayan

Date: 7/24/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Marible Nakamine

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Leonarda Batulayan
(PLEASE PRINT)

CCFFH Address: 5419 Kuapapa Street Kapa'a HI 96746
(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?
51.(a)(1) (2)	Liability and auto insurance filed in CCFFH binder.	6/15/22	Expiration dates will be marked in my calendar
54.(a)(3)	Community Resource list/handbook obtained and placed in the CCFFH binder.	6/15/22	CG#1 will have handbook resource available at all times to all caregivers for quick reference.
54.(c)(5)	MAR for client#1 and client#2 placed in clients chart. Medication discrepancy was corrected by client's CMA, MD and CG#1 on client's MAR	5/1/22	CG#1 will chart daily in the client binder. CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy and/or doctor if they are different.

All items that were fixed are attached to this CAP

PCG's Signature: Leonarda Batulayan

Date: 7/24/22

CTA has reviewed all corrected items