

Foster Family Home - Deficiency Report

Provider ID: 4-160022

Home Name: Violeta Ulep, CNA

Review ID: 4-160022-7

557 Kaulana Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/23/2023

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 6/23/2023.

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

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.(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.(b)(4) - CG#5 did not have evidence of a disclosure form on file in the CCFFH.

41.(b)(5)(C)(iv) - CG#3 and #4 have been authorized to provide non-emergency transportation to the clients. The CCFFH did not have evidence that CG#3 and #4 had access to an insured vehicle.

41.(b)(7) - CG#4 and CG#5 did not have evidence of a current TB clearance or TB exclusion on file in the CCFFH.

41.(b)(8) - CG#2 and #3 did not have evidence of completion of BBP/Infection Control training within the last year.

41.(c) - CG#2, #3, #4 and #5 did not have evidence of completion of 8 hours of inservice training within the last year.

41.(e) - CG#5 was added to work in the CCFFH on 6/2/2022. CCFFH did not have evidence that CG#5 had been approved by the department as a CG.

41.(g) - CG#3, #4 and #5 did not have evidence of basic skills check completion for client #1.

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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.

43.(c)(6)(B) Include access by the client to radio, television, telephone, internet.

Comment:

43.(c)(3) - CG#4 and #5 did not have evidence that they had received RN delegations for client #1.

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), 46.(b)(2) - CCFFH did not have evidence that monthly fire drills had been completed over the last year. The last recorded fire drill was from April 2022.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

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.(b) - Client #1 did not have evidence that medications were being regularly monitored by the MD or CMA RN.

47.(c) - Client #1 did not have evidence that a list of medications side effects was present in the CCFFH.

Foster Family Home

Quality Assurance

[11-800-50]

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e)(1) - Client # 1 is receiving respite services since 5/2/23 at the CCFFH. Upon arrival for the inspection, client #1's medical record was not present in the CCFFH and needed to be retrieved from their previous CCFFH.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 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.(b) - CCFFH did not have evidence of timely and orderly progress notes for client #1.

54.(c)(6) - CCFFH did not have evidence that daily personal care checklists were being completed for client #1. Last charting occurred on 5/19/23.

54.(c)(6) - CCFFH did not have evidence of monthly RN visit notes. Last note from CMA RN was from 12/2022.

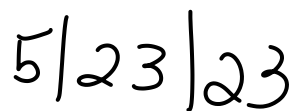
54.(c)(8) - CCFFH did not have evidence that a personal inventory had been completed for client #1 upon admission.



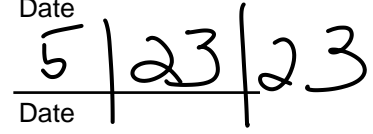
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: TERRIE VAN HOUTEN

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

PCG's Name on CCFFH Certificate: VIOLETE ULEP

(PLEASE PRINT)

CCFFH Address: 557 KAULANA STREET, KAHULUI, HAWAII 96732

(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)(4)	Disclosure form was not obtained because CG#5 was removed as ■CG(Please see 41.(e) correction). ■■■■■ Caregiver Change Form (removal) was placed into home record.	06/01/23	Home will scan and double check the book at least once a month to check for due dates and put into wall calender all the due dates. Discrepancies will be done at least 1 week before due date to prevent future lapses.
41.(b)(5) (C)(iv)	CG#3 and CG#4 were added to the the list of caregivers in the home who will NOT be driving clients. Updated Alternative Transportation Plan was placed to the home record	06/01/23	Home will scan and double check the book at least once a month to check for any discrepancies and put into wall calender. Discrepancies will be done at least 1 week before due date to prevent future lapses.
41.(b)(7)	Current and latest TB clearance for CG#4 was obtained and placed into home record. SC#5 was removed as ■CG(Please see 41.(e) correction).	06/06/23	Home will scan and double check the book at least once a month to check for due dates and put into wall calender all the due dates. Due dates will be done at least 1 week before the due date to prevent future lapses.
41.(b)(8)	Latest BBP/Infection Control training of CG#2 and CG#3 was obtained and placed into home record.	05/27/23 05/31/23	Home will scan and double check the book at least once a month to check for due dates and put into wall calender all the due dates. Due dates will be done at least 1 week before the due date to prevent future lapses

☒ All items that were corrected are attached to this POC

PCG's Signature: Violeta Z Ulep

Date: 06/12/23

☒ CTA has reviewed all corrected items

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Chapter 11-800

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CCFFH Address: 557 KAULANA STREET, KAHULUI, HAWAII 96732

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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.(c)	Current 8 hours of inservice training for CG#2, CG#3, CG#4 was obtained was placed to the home record. ■■■ CG#5 was removed as ■■■ CG (Please see correction 41.(e)).	06/01/23 06/12/23	Home will scan and double check the book at least once a month to check for due dates and put into wall calender all the due dates. Discrepancies will be done at least 1 week before due date to prevent future lapses.
41.(e)	■■■ CG#5 was removed as ■■■ CG. ■■■■ Caregiver Change Form (removal) was signed and placed into home record.	06/01/23	Home will scan and double check the book at least once a month to check for any discrepancies and put into wall calender. Discrepancies will be done at least 1 week before due date to prevent future lapses.
41.(g)	Basic skills was done for CG#3, CG#4 by the client 1 was placed to the clients records. ■■■■ CG#5 was removed as ■■■ CG.	06/01/23	Home will notify client's CMA that Basic skills needs to be done within 5 days of a caregiver being added to the home.
43.(c)(3)	RN Delegation was done for CG#3, CG#4 by the client's CMA and was placed to the clients records.	06/01/23	Home will notify client's CMA that RN delegation needs to be done within 5 days of a caregiver being added to the home.

☒ All items that were corrected are attached to this POCPCG's Signature: Violeta E UlepDate: 06/12/23☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRIE VAN HOUTEN

**Community Care Foster Family Home (CCFFH)
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CCFFH Address: 557 KAULANA STREET, KAHULUI, HAWAII 96732

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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?
46.(a), 46.(b)(2)	Monthly drills were found and placed into the home record.	06/01/23	Monthly drill records will be placed accordingly. Monthly drills will be timely conducted every month, put into calender to avoid lapses.
47.(b)	Medicine Recertification Orders for Client#1 was obtain and places into clients records	06/11/23	Home will scan and double check the clients record at least once a week to check for any missing documents. Important documents will be acquired within 1-3 days
47.(c)	List of side effects of the client's medications was obtaine and placed into the client's records.	05/27/23	Home will scan and double check the clients record at least once a week to check for any missing documents. Important documents will be acquired within 1-3 days
50.(e)(1)	Medical record of the client#1 was acquired.	05/23/23	Home will scan and double check the clients record at least once a week to check for any missing documents. CCFFH will ask CM to provide important documents and should be acquired within 1-3 days.
54.(b)	Lapses cannot be corrected.	05/23/23	Home will document significant event instantaneously and by weekly for regular updates.

☒ All items that were corrected are attached to this POC

PCG's Signature: V. Ulep Violeta I Ulep

Date: 06/12/23

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRIE VAN HOUTEN

**Community Care Foster Family Home (CCFFH)
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Chapter 11-800**

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CCFFH Address: 557 KAULANA STREET, KAHULUI, HAWAII 96732

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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)	Daily personal care checklists have been signed and completed.	05/23/23	Home will document the daily activities on a certain time of the day to make charting as a habit and place the charting form on a location for access and remind the CG's.
54.(c)(6)	RN visit notes has been obtained and placed into Client#1 records.	07/02/23	Remind the Case Manager to print or provide visit notes right after every monthly visit
54.(c)(8)	Personal inventory has been obtained and placed into CG#1	05/24/23	Home will scan and double check the clients record at least once a week to check for any missing documents, specially during admission. Important documents will be acquired within 1-3 days

☒ All items that were corrected are attached to this POC

PCG's Signature: Violeta Ulep

Date: 06/12/23

☒ CTA has reviewed all corrected items