

Foster Family Home - Corrective Action Report

Provider ID: 1-562315

Home Name: Lily Zafaralla, CNA

94-1180 Keahua Loop

Waipahu HI 96797

Review ID: 1-562315-3

Reviewer: [REDACTED]

Begin Date: 8/25/2015 End Date: 9/16/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 8/25/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 9/25/15.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) HHM#2 state print out due on or before 07/27/15 completed on 08/19/15

7.1.(a)(2) CG#2 APS/CAN due on or before 7/26/14 completed on 10/08/14. CG#3 APS/CAN due on or before 2/26/14 completed on 07/01/15. HHM#2 APS/CAN due on or before 7/26/14 completed on 07/08/15.

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(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:

13.1.(b)(5) CG#2,3,4 no confidentiality/ privacy training

Foster Family Home Personnel and Staffing [17-1454-41]

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) CG#4 lapse in CPR, and first aid from 11/03/14-12/05/14

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Foster Family Home

Quality Assurance

[17-1454-48.1]

48.1.(b) Adverse events shall be reported

48.1.(c) The home shall inform the case management agency of any changes occurring in the client's behavior and functioning that may necessitate a change and update of the client's service plan. A verbal report shall be made to the case management agency serving the client within twenty-four hours of the occurrence of any of the following:

Comment:

48.1.(b) Client#1 no adverse event reported for open area to (L) buttocks. PCG communicated event occurred approximately 08/21/15

48.1.(c) Client#1 no adverse event reported for open area to (L) buttocks to case management agency within 24 hours



Compliance Manager

[Handwritten Signature]

Primary Care Giver

Date

8/25/15

Date

8/25/15

Corrective Action Plan
September 15,2015

- 1) 7.1 (a)(1)HHM#2 state printout due on or before 7/27/15 completed 8/19/15.HHM#2 state printout is current it's just that it was completed after the due date.The home or as the primary caregiver will put a memo or reminder note on my personal calendar a month before it's due date.
- 2) 7.1(a)(2)CG#2 APS/CAN due on or before 7/26/14 completed on 10/08/14.CG#3 APS/CAN due on or before 2/26/14 completed on 7/1/14>HHM#2APS/CAN due on 7/26/14 completed on 7/8/15.CG#2 and CG#3 APS/CAN are current it's just that they were renewed few months after the due dates and for HHM#2 APS/CAN was due on 7/26/14 and was completed 7/8/15.I as the primary caregiver will put a note or record on my personal calendar to track when each personnel requirements are due a month or two before it's due dates to avoid from expiring in the future.
- 3) 13.1(b)(5)CG#2,3,4 no confidentiality/privacy training.For CG#2,3,4 confidentiality/privacy training was completed on August 28,2015 by my case manager/charge nurse.Provide training to all SCG's upon hire on the foster care home.
- 4) 41.(b)(8)lapse in CPR and first aid from 11/03/14-12/15/14. For CG#4 CPR and first aid is current it's just that it lapses for a month.I as the primary caregiver will put a reminder note on my personal calendar a month before it's due date to avoid from expiring in the future.
- 5) 48.1(b) Client#1 no adverse event reported for open area to left buttocks. Adverse event was completed and reported to my charge nurse or visiting nurse on August 25,2015 for client #1. I will make and report an adverse event within twenty four hours everytime there is a change in condition for every client.
- 6) 48.1(c) Client #1 no adverse event reported for open area to L buttocks to case management agency within twenty four hours. For client #1 adverse event was completed and reported to case management agency on August 25, 2015. The copy of the adverse event was also submitted to the case management agency. I will report or notify my case management agency within twenty four hours for any kind of adverse events.

Signed: Lily P Zafaralla
09/15/2015

Lily P Zafaralla
94-1180 Keahua Lp.
Waipahu HI 96797