

Foster Family Home - Corrective Action Report

Provider ID: 1-510588

Home Name: Lolita Agudelo, CNA

94-998 Kuhaulua Street

Waipahu HI 96797

Review ID: 1-510588-3

Reviewer: [REDACTED]

Begin Date: 7/17/2015

End Date: 9/22/15

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 7/17/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 8/17/15.

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#1 no finger prints on file during review. CG#3 Only one set of finger prints on file. HHM#4 only one fingerprint on file

7.1.(a)(1)HHM#4 E-Crim due on or before 01/22/15 completed on 07/02/15

7.1.(a)(2)CG#1 APS/CAN due on or before 03/05/2014 completed on 07/01/2015. CG#2 APS/CAN due on or before 03/05/2014 completed on 07/01/2015. CG#3 APS/CAN due on or before 03/19/2014 completed on 07/07/2015. HHM#1 APS/CAN due on or before 03/19/2014 completed on 07/07/2015. HHM#4 APS/CAN due on or before 04/02/2015 completed on 07/07/2015

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)No confidentiality/ privacy training for CG#1,2,and 3

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

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).
- 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 of health guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:


41.(b)(4)CG#2 no disclosure form
 41.(b)(5)CG#1 no automobile insurance for dates 07/17/13-03/27/14
 41.(b)(7)No TB for 2014 for CG#1,2,3 and HHM#1.
 41.(b)(8)CG#3 no CPR or First Aid for dates 07/03/15 to current

Foster Family Home Records [17-1454-52]

- 52.(a)(3) A list of applicable community resources.
- 52.(b)(2) Provide information for necessary follow-up care for the client.

Comment:

52.(a)(3) No resource list on file
 52.(b)(2) Client#1 with reddened abrasion under (R) breast. No documentation noted during recertification. Event occurred on 07/16/15


 Compliance Manager
Salita Apudis
 Primary Care Giver

7/17/15
 Date
7/17/15
 Date

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Lolita Agudello's corrective action plan for audit done by [REDACTED] on 07/17/15

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(d) 1-1. (a) (1) - Be subject to Criminal record checks

(d) 1-1-(a) (2) - Be subject to APS service perpetrator check

Corrective action plan: All due dates for myself, my scg's and my household member's APS/CRIMINAL Record check will be on my calendar and to do list ahead of time. I will be checking my calendar on a regular basis.

HHM#1 Fingerprint was taken on August 3, 2015

CG# 3 Finger print was taken on August 5, 2015

HHM# 4 Fingerprint was taken on August 3, 2015

Please see attached receipts.

3.1 (b) (5) Provide training to all employees and for homes, other adults in the home on their confidentiality policies and procedures and client privacy right.

Corrective action plan: Training on Confidentiality, policies and procedures and privacy right completed for caregivers 1, 2 and 3. Moving forward, I will continue to have a list of required documents for my CCFH and check it on a regular basis.

1. (b) (4) CG#2 no disclosure form

Corrective action plan: Disclosure form for CG# 2 attached. Required documents will be reviewed on a regular basis to make sure all necessary documents are updated and completed.

1. (b)(5) CG#1- No automobile insurance for dates 07/17/13 to 03/27/14

Corrective action plan- Copy of insurance attached. . Required documents will be reviewed on a regular basis to make sure all necessary documents are updated and completed.

Lolita Agudello

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Lolita Agudello's corrective action plan for audit done by [REDACTED] on 07/17/15

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1. (b)(7) NO TB for 2014 for CG# 1,2,3 and HHM#1

Corrective action plan: TB test attached. Required documents will be reviewed on a regular basis to make sure all necessary documents are updated and completed.

1. (b)(8)CG#3 no CPR or first aid for dates 07/03/15 to current

Corrective action plan: Copy of CPR/First aid attached. Again, required documents will be reviewed on a regular basis to make sure all necessary documents are updated and completed.

2. (a)(3)No resource list on file

Corrective action plan: Resource book for 2015-2017 obtained and filed. I will make sure that I have the latest Resource book available in my CCFH.

2. (b)(2) Provide information for necessary follow up care for my client.

Corrective action plan: I will call my RNCM for any change in my client's condition regardless of severity. I will also notify my client's PCP and take my client to her PCP as needed. I will write up an adverse event per service plan of care and policies and procedures. My written correction attached.

Thank you

Lolita Agudello

