

# Foster Family Home - Corrective Action Report

Provider ID: 1-620569

Home Name: Monaliza Asuncion, CNA

Review ID: 1-620569-3

94-819 Kaaka Street

Reviewer: [REDACTED]

Waipahu

HI 96797

Begin Date: 10/5/2015

End Date: 10/12/2015

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

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

Comment:

6 (d)(1) Home visit made on 10/5/2015 for a 2-bed change to 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/19/2015.

6 (d)(1) see applicable sections of this review.

**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)Confidentiality/Privacy Rights Training not present for CG #1, #2,#3, #4, and #5.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(a)(3) Job experience record for CG #2, #3, #4, and #5 not present in the home.

41.(b)(8)CG 3# First Aid expired on 3/1/2015 and renewed on 9/26/2015 with about 6 months lapse. CG #2 BBP expired on 2/18/2015 and renewed on 8/5/2015 with about 3 months lapse. C G #5 BBP expired on 10/1/2013 and renewed on 9/26/2015 with about 2 years lapse.

**Foster Family Home      Fire Safety      [17-1454-45]**

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(b)(2) Only CG #1 and #2 conducted the fire drill and no records of other CGs conducted fired drill present in the home.

# Foster Family Home - Corrective Action Report

Foster Family Home

Medication and Nutrition

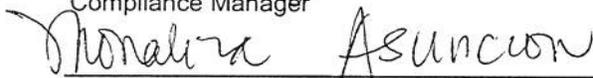
[17-1454-46]

46.(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 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

46.(c) Client #1 and Client #2 medication side effects information not present in the home.

  
Compliance Manager

  
Primary Care Giver

10/5/2015  
Date

10-6-15  
Date

Monaliza L. Asuncion  
94-819 Kaaka St  
Waipahu Hawaii 96797

Written Plan Of Correction:

October 10, 2015

13.1.(b)(5). Training to all C G's and Household Members in the home for confidentiality policies and procedures and clients privacy rights provided, please see attached forms for their signatures.

41.(a)(3) CG#2,#3,#4,and CG#5 Job Experience form Filled Please see attached papers. And completed job experience forms for CG # 2,3,4,and CG #5 are kept in the home binder at all times.

41.(b)(8). The Home now has new tracking log for all over due document. The lapse for CG # 3First Aid, And CG#2, CG#5 Blood borne pathogen will not happen in the future.

45.(b)(2) The home now has schedule for all CG's to implement emergency procedures in the event of a fire. This will not happen again because all CG's will take turns each month to conduct the fire drill.

46.(c) Client #1 And Client#2 medication side effects are provided. Please see attached forms. The Home will make sure that medication side effects will always available in their chart at all times.

  
MONALIZA L. ASUNCION