

Foster Family Home - Corrective Action Report

Provider ID: 1-623547

Home Name: Esmeralda Racachot, CNA

Review ID: 1-623547-4

114 Kaniahe Place

Reviewer:

Wahiawa HI 96786

Begin Date: 10/15/2015

End Date: 10/28/15

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

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

Comment:

Recertification appointment for 3 client home made on 10/15/15. Corrective action report issued during recertification due on or before 11/15/15. See applicable sections 6.(d)(1)

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

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)(2) CG#1,2,3 and HHM#1. APS/ CAN due on or before 11/05/14 completed on 4/08/15

Foster Family Home Grievance [17-1454-44.1]

44.1.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

44.1.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

44.1.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

44.1.(1), 44.1.(2), 44.1.(3)-Client#2 no grievance policy present in record, unable to identify if client was made aware of grievance policy

Foster Family Home Client Account [17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47.(a)Client#2 no client account record present at time of recertification

Foster Family Home Records [17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52.(c)(2) Client#2 service plan signed by P.N. case manager, and CG's no dates by signature. No signature by member or authorized representative

Compliance Manager

Primary Care Giver

Date

Date

10/15/15

10-15-15

October 27, 2015

Corrective Plan of Action

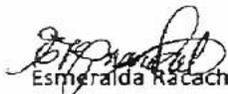
17-1454-6 This home was issued a corrective action plan because it did not comply with all requirements in the Hawaii Administrative rules and Regulations Chapter. This home will correct all deficiencies listed in this corrective action plan by November 15, 2015 in order to comply with all requirements in this chapter.

17-1454-7.1 This home has APS/CAN due for CG #1, 2, 3 and HHM #1 on or before 11/05/14; it was completed past the due date on 4/08/15. This home will use a computer program to keep track of requirements and to monitor for expiring requirements in the future.

17-1454-44.1 Client #2 home grievance policy and procedure located and signed on 10/16/15. The home will ensure that all clients admitted in the further receive this before or on the day of admission. The home will keep a copy in the client record. A copy of client #2 grievance policy was emailed to Compliance Manager on 10/17/15.

17-1454-47 Client #2 did not have a client account record on file. This home will complete a client account record and maintain receipts and log once a week to maintain client account. Attached is client #2 written account log.

17-1454-52 Client #2 service plan was signed by R.N case manager and CG's but no dates by signature. The home will ensure each client's service plan is signed and dated by all authorized representatives upon admission. Attached is a copy of the client #2 service plan with signatures and dates.


Esmeralda Raachot
114 Kaniahe Place
Wahiawa, HI 96786