

Foster Family Home - Corrective Action Report

Provider ID: 1-562240

Home Name: Marlin Reynon, CNA

Review ID: 1-562240-3

94-829 Kime Street

Reviewer:

Waipahu HI 96797

Begin Date: 1/26/2015

End Date: 1/28/15

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

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

Comment:

6.(d)(1) Review for recertification. Deficiencies listed in separate sections. CAP written with closing date of 2/26/15.

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) No confidentiality training.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) CG#3 and CG#5
No current tb for [] and []

Foster Family Home Physical Environment [17-1454-48]

48.(e) The home shall have policies regarding smoking on the property that:

48.(e)(1) Prohibit smoking in enclosed living and recreational areas used by clients; and

48.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

48.(e) No smoking policy.

Foster Family Home - Corrective Action Report

Foster Family Home

Quality Assurance

[17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

48.1.(a)(1) Sudden illness or accident;

48.1.(a)(2) Death;

48.1.(a)(3) Violent acts or abuse;

48.1.(a)(4) Natural disasters;

48.1.(a)(5) Fire; and

48.1.(a)(6) Power and telephone outage

Comment:

48.1: No emergency disaster plan.

Foster Family Home

Client Rights

[17-1454-50]

50.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

50.(b)(15)
No visiting hour policy

[Signature]
Complian

[Signature]
Primary Care Giver

2/26/15
Date

2/05/2015
Date

Marlin A. Reynon Community Foster Care Home

CORRECTIVE ACTION PLAN CORRECTIONS

PCG: Marlin A. Reynon

Date: January 27, 2015

Updated: March 18, 2015

Deficiency: Information Confidentiality

[17-1454-13.1 (b)(5)]

How did you correct this deficiency?

I have provided appropriate training to all my substitute caregivers and household members in the home regarding confidentiality policies and procedures as well as privacy rights. All substitutes signed the Home Confidentiality form stating that I have provided the training, as well as attending required confidentiality training for the substitutes.

How will you avoid committing this deficiency in the future?

I will try to be more careful and be more proactive in reading newsletters and online updates to keep up with updated rules and regulations regarding community foster care homes and all other important information needed. I will train future SCGs and HHM of confidentiality policies and procedures within 30 days. Confidentiality policies and procedure will be kept in policy binder.

Deficiency: Personnel and Staffing

[17-1454-41(b)(5)(C)(ii)]

How did you correct this deficiency?

I asked my substitute caregivers to provide me their current TB clearance to have on file. My substitute caregivers provided me the documents needed. I scanned and placed current TB clearance in folder on February 5, 2015. I also faxed a copy of updated TB clearances for my SCGs to CTA on February 5, 2015.

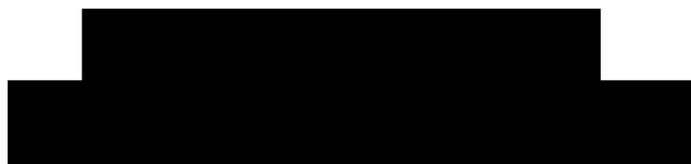
How will you avoid committing this deficiency in the future?

I will try to be more careful and aware of expiration dates and/or renewal dates of TB clearances of my substitute caregivers and double check/ replace and insert current TB clearances appropriately. I will mark expiration dates with red post-it as well as check records monthly to make sure all documents are current. I will make a note on the calendar 2 months before expiration date to remind SCGs and HHM to update their clearances.

Deficiency: Physical Environment

[17-1454-48(e)]

How did you correct this deficiency?



Marlin A. Reynon Community Foster Care Home

I have created a no smoking policy and put up signs for my community foster home. I have also informed all my substitute caregivers, other household members, patient's family and friends, as well as other visitors about designated smoking area.

How will you avoid committing this deficiency in the future?

I will inform future SCGs, HHMs, and client family members of smoking policies immediately and keep smoking policy in policy binder.

Deficiency: Quality Assurance

[17-1454-48.1(a)]

How did you correct this deficiency?

I have updated my emergency situation protocol and provided the training and appropriate explanation to my substitute caregivers and other household members in the home about the updated Emergency Situation Protocol for my Community Foster Care. I also asked my substitute caregivers to sign Emergency Situation Protocol ensuring that they have been updated and trained on all updates.

How will you avoid committing this deficiency in the future?

I will train future SCGs and HHMs of emergency situation protocol immediately and keep emergency situation protocol in policy binder.

Deficiency: Client Rights

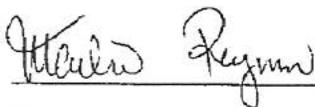
[17-1454-50(b)(15)]

How did you correct this deficiency?

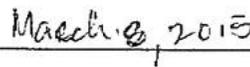
I have created a visiting hour policy for my community foster home. I have also informed all my substitute caregivers, other household members, patient's family and friends, about my community foster care home visiting hours.

How will you avoid committing this deficiency in the future?

I will inform future SCGs, HHMs and client family members of visiting hour policy as soon as possible and visiting hour policy will be kept in policy binder.



Signature



Date

