

# Foster Family Home - Corrective Action Report

Provider ID: 1-511651

Home Name: Ruth Batangan, CNA

Review ID: 1-511651-4

94-731 Kuhaulua Place

Reviewer:

Waipahu HI 96797

Begin Date: 6/3/2015

End Date:

6/15/15

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

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

Comment:

Home visit for recertification of 3 client home on 6/3/15. A corrective action report was issued at time of visit with items due by 7/3/15.

6.(d)(1) Refer to appropriate sections of this review.

## 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) APS/CAN results not available. Pending.

## 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:

7.1.(a)(1) Signed documentation of training not present.

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

41.(f)(2) Background checks

Comment:

41.(f)(2) APS/CAN results pending for CG #3

## 3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.(3P)(b)(2) Sign in/out sheets not used when 2 clients present although home certified for 3. Must be used even if only 1 client.

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Foster Family Home

Medication and Nutrition

[17-1454-46]

46.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, HAR, or an RN for all medication that the client requires.

Comment:

46.(b)One medication missing from MAR of Client #2



Compliance Manager

Primary Care Giver

6/3/15  
Date

6/3/15  
Date

July 2, 2015

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all State regulations, the CCFPH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the CCFPH's allegation of compliance such that alleged deficiencies cited have been or will be corrected by the date indicated.

17-1454-7.1           The home received the current background check for CG#2 on 6/4/2015. It is on file in the home personnel record. The home will utilize a computer program to track when personnel requirements are due to prevent any requirement from expiring in the future. Attached are the background checks for CG#2.

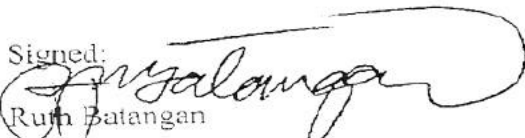
17-1454-13.1           The home contacted case management agency on June 5, 2015. The case manager came to the home on June 8, 2015 and performed an inservice for all caregivers regarding information confidentiality to ensure that all caregivers understand the confidentiality of all the clients. Attached is the confidentiality with the signatures of all caregivers.

17-1454-41           The home received the current APS/CAN for CG #3 on June 15, 2015. The red result on the fingerprint was already submitted to Fieldprint (Expungement Form) that was filled and also to the State of Hawaii. According to the State Office the result of the request will be sent within one to three months. Therefore, the result of the fingerprint will be sent upon received to your office. Attached is the form (Expungement) that was submitted.

17-1454-41-3P           The home already corrected the sign-in sheet and sign-out. To ensure the primary caregiver is aware about this matter even with just one client at home and for future, we will make sure to do the proper documentation.

17-1454-46           The home contacted RN, Case Manager to conduct proper training regarding medications. To ensure that the client has taken all the medications that prescribe by the Primary Physician. Attached are the signed MD's order and MAR with the missing medication for Client#2.

Signed:

  
Ruth Batangan  
94-731 Kuhaulua Place  
Waipahu, HI 96797  
Ph: 678-1940