

Foster Family Home - Corrective Action Report

Provider ID: 1-140009

Home Name: Ana Marie A. Zaragoza, RN

Review ID: 1-140009-2

1160 Neal Avenue

Reviewer:

Wahiawa HI 96786

Begin Date: 1/6/2015

End Date:

1/13/15

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 1/6/15.
Corrective Action Report issued during home visit with all items due to CTA by 2/6/15.

6.(d)(1) - see applicable sections of the review

CAP completed 1/13/15.

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;

Comment:

7.1.(a)(1) - CG #1, CG #2, and HHM #1 need 2nd year fingerprints.
CG #3 needs proof of 1st year fingerprints.

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).

Comment:

41.(b)(4) - CG #2 needs a disclosure form.

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

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) - All CG's need to lead a fire drill at least once a year.

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) - Both clients need medication side effect sheets in chart.

Compliance Manager

Date

Primary Care Giver

Date

JANUARY 13, 2015

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41. (A) (1) Sent CTA fingerprint for CG#1, CG#2,CG#3 and HHM#1.

41. (b) (4) Sent CTA the Disclosure form of CG#2.

45. (a) Sent CTA copy of my Calendar with dates of when my CG lead the fire drill.

46. (c) Sent copies to CTA of all drug information and their side effects for both clients and placed them in each client's chart.

Placed all items with expiration date on my calendar.



Ana Marie A. Zaragoza

Primary Caregiver