

Foster Family Home - Corrective Action Report

Provider ID: 4-619299

Home Name: Arceli Remogat, NA

1130 Nakuluai Street

Wailuku

HI 96793

Review ID: 4-619299-3

Reviewer:

Begin Date: 4/27/2015

End Date:

5/15/15

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. No 2013, 2014 APS/CAN checks for CG #3. 2/16/15 APS/CAN check found in file.

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/Privacy rights training found in file for all caregivers and HHM.

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. No disclosure forms for CG #2 and CG #3 found in the file.

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

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

Comment:

48.e. No smoking policy found in file.

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 hours found in file.

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Foster Family Home

Records

[17-1454-52]

52.(a)(3) A list of applicable community resources.

52.(c)(5) Medication schedule checklist;

Comment:

52.a.3. No resource list found in file.

52.c.5. Client #1 MD order dated 2/3/15 states

; MAR states



Compliance Manager

Date

4/27/15

Primary Care Giver

Date

ARIELI REMOVAL FOSTER FAMILY HOME
CORRECTIVE ACTION PLAN

BACKGROUND CHECKS:

7.1.a.2. Lapse in APS/CAN

* In order for us to not have a lapse in APS/CAN, we have created a calendar designated strictly to foster home purposes. Marked 30 days before expiration date.

PERSONNEL and STAFFING:

41.b.4 No disclosure forms for CG#2 and CG#3

* Had them signed disclosure forms 5/4/15.

INFORMATION CONFIDENTIALITY:

13.1.b.5. No confidentiality/privacy rights training found in file for all caregivers and HHM.

* Although all employees/caregivers and HHM were aware about confidentiality, we understood that we need to have documentation for this. Had them signed the CCFH substitute and adult household member training form.

PHYSICAL ENVIRONMENT:

48.e. no smoking policy found in file.

CLIENT RIGHTS:

50.b.15 No visiting hours found in file.

* Although I have the Rights and Responsibility Form on file, I understood that I need to have it signed which I did (copy attached).

RECORDS:

52.a.3. no resource list found in file.

* Able to produced copy of Community Resource List (copy attached).

#1 MD order dtd 2/3/15 states to [redacted] MAR states

* Reached out the () . Also spoke to the primary physician of the mentioned record problem. We understood that accuracy should be a must especially about medication although I follow the right dosage