

Foster Family Home - Corrective Action Report

Provider ID: 1-100127

Home Name: Armando Biacan, CNA

Review ID: 1-100127-6

94-610 Hiahia Place

Reviewer:

Waipahu HI 96797

Begin Date: 11/9/2015

End Date: 12/03/15

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

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

Comment:

Recertification visit for 3 client home on 11/09/15. Corrective action report issued during recertification and due by 12/09/15. See applicable sections 6.(d)(1)

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) HHM#1, and HHM#2 only one set of fingerprints on record for the year 2011. Needs 2 sets of fingerprints in after year 2008

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) CG#3 no privacy training

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CG#2 lapse in Blood born pathogen from 7/29/15-08/01/15. CG#3 lapse in Blood born pathogen from 11/19/14-07/02/15

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) Client#1, no RN delegation for CG#3. Client#1, no RN delegation for CG#1, or CG#2 except for Need delegation for CG#1,2,3 for client#1

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Medication and Nutrition

[17-1454-46]

46.(d)(1) By order of a physician;

Comment:

46.(d)(1) Client#1 on service plan for side rail's up x's 2. No Dr.'s order

Foster Family Home

Records

[17-1454-52]

52.(c)(1) Client's vital information;

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

Comment:

52.(c)(1) Client#1 no code status listed on face sheet.

52.(c)(2) Client#1 Service plan wrong code status of Full code, POLST says DNR.



Compliance Manager

Primary Care Giver

Date

Date

11/09/15

11/09/15

Corrective Action Plan

1. 7.1 (a)(1) HHM #1 and HHM #2 letter from CTA showing proof of fingerprints in the year of 2010 for HHM #1 and HHM #2 were found, will make sure to keep in the chart binder at all times.
2. 13.1 (b)(5) CG #3 Privacy training done, this is new but will inform CG #2 & 3 for not happening again in the future.
3. 41 (b)(8) CG #2 and #3 Blood borne pathogen was laps but it is current at this time, will keep updated one month before due date.
4. 43.(c)(3) Client #1 CG #3 RN delegation and skill check completed on November 23, 2015 by [redacted] All delegation completed CG #1 and CG #2 on the day of admission, RN delegation are part of skill check form. Will make sure agency is aware of all substitute CG.
5. 46 .(d)(1) Client #1 MD order received on 11/30/15. Half bed rails on both sides are appropriate. Will make sure to keep the chart binder and any changes in by the doctor. Will keep for future references.
6. 52. (c) (1) Client #1 [redacted] Code status changed on 9/15/15. Polst completed and service plan updated. Full code was updated on 11/23/15 to the face sheet. Agency will insure changes to code status are reflected timely.
7. 52. (c) (1) Client #1 [redacted] care plan which included client diagnosis was brought to the home and file with service plan. Agency will insure care plan is included with service plan.

Primary Care Giver
Armando Biacan

P.C.G.
ARMANDO BIACAN
