

Foster Family Home - Corrective Action Report

Provider ID: 1-090111

Home Name: Adora Harada, CNA

2818 Koaniani Way

Honolulu HI 96822

Review ID: 1-090111-6

Reviewer: [REDACTED]

Begin Date: 2/12/2015

End Date: 3/26/15

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 2/12/15.
Corrective Action Report issued during home visit with all items due to CTA by 3/12/15.

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

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;

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)(1) - No fingerprints present for HHM #2.

7.1.(a)(2) - No 2nd year APS/CAN check present for CG #1 and CG #2. No APS/CAN check present for HHM #2.

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.

13.1.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

13.1.(a),(b)(5) - No written policies and procedures present that relate to confidentiality and privacy rights of applicants and recipients. No training present for any caregiver or adult household member on confidentiality policies and procedures and client privacy rights.

13.1.c.2 No consent/release form present for Client #1

Foster Family Home - Corrective Action Report

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).

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(4) - PCG did report to CTA changes in household members (2 HHM's moved out, HHM's moved in). *U&K*

41.(b)(5) - No current auto insurance present for CG #3

41.(b)(7) - No current TB clearance for CG #3 and HHM #2

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

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.c.3 Both freezers have food particles on shelves.

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:

Comment:

48.1.(a) - Emergency Preparedness Plan incomplete

Foster Family Home Client Rights [17-1454-50]

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

Comment:

50.(b)(15) - Visiting Hours policy incomplete

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[17-1454-52]

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

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

Comment:

52.(c)(2) - Service plan for Client #1: under financial has Medicaid/Medicare and PP all checked. Client does not have Medicaid. Aspiration precautions training sheet present. Precautions are not on service plan. Vital sign frequency is blank on service plan.

Service plan for client #2 does not include wound care. No documentation regarding daily wound care present. Incentive spirometer ordered, not listed on service plan.

52.c.5 There are medication discrepancies

Client #1 has [redacted] Over the counter bottle has additional medicine, [redacted] that is not ordered. [redacted]

Client #2: [redacted] bottle and order say 1-2 tabs, [redacted] says 1 tab; [redacted] order and bottle say 1-2 tabs, [redacted] says 2 tabs; [redacted] is ordered, over the counter bottle has additional medication of [redacted] that is not ordered, [redacted] is 2.5mg, bottle says 5mg 1 tab.

[redacted]
Compliance Manager

[Signature]
Primary Care Giver

2/12/15
Date

2/12/15
Date

7. 1.(a)(1)(2) - Sent fingerprints for HHM #2
HPS/com for CB #2 and HHM #2 to CTA on 3/26/15
Place expiration date for HPS/com
And fingerprint on my calendar and of the front page of my
books. will review every month.

13.1(a)(b)(5) - Sent Sign Cby (CS/HM) Confidentiality and privacy training
information form to CTA on 3/26/15.

13.1(c)(2) - Sent consent released form from client 1 CTA on 3/26/15
new disclosure form filled out with HHM in charge done
on day of review (2) (12) 15).

4.1(b)(4) - I will update of disclosure form with any changes

4) 1(b)(5) Sent CTA current auto insurance for CB #3 on
3) 26) 15

4) 1(b)(7) Sent current TB clearance for CB #3 and HHM #2
CTA on 3/26/15.

place expiration date for TB clearance on my calendar.

48(c)(3) Cleaned freezer on 2/14/15 photos to send CTA.
will clean freezers monthly or sooner if needed.

48-1(a) Completed emergency preparedness plan from CTA
website. All CB have read and sign.
Sent to CTA on 3-26-15

1-090111

50(b)15 Completed writing home in the Admission policies from the CTA
Website. Sign by both families and sent to CTA on 3/26/15

52.(C)(2) -

Client # H12#2 Service plans updated by CMA &
sent to CTA on 3/26/15. CMA will review
each month with PCG.

52.(K)(5) -

Client # H2#2 mar doctor orders and medication
bottles updated by CMA sent to CTA on 3/26/15

1-090111

Odora G. Harada

3/26/15