

# Foster Family Home - Corrective Action Report

Provider ID: 1-585565

Home Name: Amely Supnet, CNA

Review ID: 1-585565-2

98-346 Ponokiwila Street

Reviewer:

Aiea HI 96701

Begin Date: 6/4/2015

End Date: 6/25/15

## 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 6/04/15.  
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/04/15.

6.(d)(1) - see applicable sections of the 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 to be completed yearly for two (2) years. CG#1 APS/CAN due on/or before 2/26/14. Completed on 07/22/14  
CG#4 2 fingerprints are needed if completed after 2008. First fingerprint was completed in 2010, no other finger prints on 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 for CG#1, CG#2, CG#3, CG#4, and CG#5

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

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.

Comment:

41.(b)(5) CG #2 and #3 with expired Driver's License. No form of current identification

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[17-1454-52]

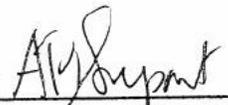
52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) Client #1 Physician order and medication administration record for [REDACTED]  
The prescription label on the bottle of [REDACTED]  
client #1 Physician order and MAR for [REDACTED]

Client #1 Physician order for [REDACTED]

Client #2 Physician order and MAR for [REDACTED]

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

6/4/2015  
Date

6/04/2015  
Date

# Foster Family Home - Corrective Action Report

Provider ID: 1-585563

Amely Supnet, CNA

98-546 Pohokiwila St

Aiea HI 96701

Review ID: 1-585565-2

Reviewer

Begin Date: 6/6/2015

## Foster Family Home Background checks (17-1454-7.1)

7-1(a)(2) CG #1 APS/CAN was due last 2/26/13. I was review on July 22/14. To prevent due date, the home must review all personal record every 3 months. The home must utilize a reminding note when the requirement is expiring.

CG #4 The home checks the personal record for CG #4 fingerprint. I was completed last 1/27/2006. Attached in the fingerprint copy of CG #4.

## Foster Family Home Information Confidentiality (17-1454-13.1)

13.1(b)(5) The home completed the signature of the Policies and procedure. It is on file in the home personal record. The home will insure that all requirement must be sign by all caregivers.

13.1(b)(5) Confidentiality / Privacy rights training for CG #1 CG #2, CG #3, CG #4, CG #5 was explain, training and sign. The home must always read all news letters and checked all web site for a new requirement that is provided and make copy. Requirement must be all sign by caregiver and file it in home personal record.

# Foster Family Home Personal and Staffing (17-1454-41)

41. (b)(5) CG #2 Identification ID was expired last 5/7/10. The home made copy of the ID of CG #2 dated 5/7/18. CG #2 Hawaii driver license was expired last 10/17/2009. The home made a copy dated 10/17/17. IT is on file in the home personal record. The home will keep new copies of all requirement.

# Foster Family Home Records (17-1454-52)

52. (c)(5) Medication schedule checklist

52. (c)(5) Client #1 The home contacted Dr. office to make a new refill of client #1 medication [REDACTED]

[REDACTED] Contacted Case Manager about the changes and send a new MAR. The home will always compare Dr. order, MAR and the label of the bottle before giving to the client. If the home found any incorrect dosage, the home will contact the Dr. office.

Client #2 The home contacted Dr. office to Pharmacy for Client #2 [REDACTED] the home will compare label, MAR and Dr. order, so no mistake will be done.

Approved 6/22/15  
Amely Supnt  
98-344 Ponoikiwala St  
Aiea HI 96701

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**From:** Amely Supnet  
**Sent:** Thursday, June 25, 2015 12:49 PM  
**To:**  
**Subject:** Corrective Action to Client #1

52. (C) (5) Client #1 the home contacted Dr. Office to make a new refill of Client #1 medication [REDACTED] a day. The bottle label was changed to 12.5 mg. Client #1 [REDACTED] Bottle Label was also changed. Dr ordered MAR and bottle label was all the same.

-Amely Supnet