

Foster Family Home - Corrective Action Report

Provider ID: 1-586711

Home Name: Asuncion Orpiano, CNA

Review ID: 1-586711-4

308 Kilani Avenue

Reviewer:

Wahiawa HI 96786

Begin Date: 7/23/2015

End Date: 09/09/15

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 3 person recertification review made on 7/23/15.
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 8/23/15.

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

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 training for CG#2,3,4

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(a)(3) CG#2 no home experience form in record during review
41.(e) CG#2 no CTA approval form for current primary caregiver in record during review

Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1)CG#3 no liability insurance from 04/19/15-07/15/15

Foster Family Home - Corrective Action Report

Foster Family Home

Records

117-1454-521

52 (c)(5) Medication schedule checklist;

Comment:

52.(c)(5)Client#1 No Dr's order for
Client #3 Dr's order for

Compliance Manager

Asuncion Orpiano

Primary Care Giver

7/23/15

Date

8-10-15

Date

From: Asuncion Orpiano
Sent: Wednesday, September 09, 2015 5:16 PM
To:
Subject: Corrective Action Plan
Attachments: Scan 2015-9-9 0002.pdf; ATT00001.htm

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Provider ID: 1-586711

Home Name: Asuncion Orpiano, CNA

Review ID: 1-586711-4

308 Kilani Avenue
Edmondson

Wahiawa HI 96786

Begin Date: 7/23/2015

End Date:

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1)

Comment:

Home comply with all applicable requirements and all employees provide copies of their certificates to comply with all state regulations for the plan of corrections. 7/23/15

Foster Family Home Information Confidentiality

[17-1454-13.1]

13.1(b)(5)

Comment:

Home provided training on confidentiality policies and procedures and clients privacy rights for 7/27/15. Home obtain record completed from CG#2,3, and CG#4 been kept in file with their signatures.

Foster Family Home Personnel and staffing

[17-1454-41]

41.(a)(3) Home received one year of job experience from CG#2,3 and CG#4 for a home setting as NA, CNA, and RN. Copies of their records are kept in file.

41.(e) CG#2 provided a copy of substitute Caregiver Notification Change and been submitted to CTA for approval. Duplicate copy is kept on file.

Foster Family Home Insurance Requirements

[17-1454-49]

49.(a)(1) The home could not locate liability insurance coverage from 04/19/15-07/15/15, but home obtained current liability insurance from CG#2 from 07/15/15 to 07/15/16. Confirmed copy kept on file with date.

Foster Family Home Records

[17-1454-52]

52.(c)(5) Home obtained records for client #1 for all medications that needed to prove copies of records for the orders, and has been sent. For client #3, orders obtained and sent for approved orders. Records are all kept on file and it is also updated on the MAR of client #3.

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- 1) All citation numbers have been stated in the corrective action plan.
 - 2) Home comment about to fix the problem is to be more updated with all employees to comply with all the requirements needed for the home to abide the state law, as well as to CTA.
 - 3) Work more thorough with all paper works to make everything accurate.

Compliance Manager

Date

09/09/15

Primary Care Giver
Date