

Foster Family Home - Corrective Action Report

Provider ID: 1-617798

Home Name: Corazon Agarpao, CNA

94-1099 Waipahu Street

Waipahu HI 96797

Review ID: 1-617798-3

Reviewer: [REDACTED]

Begin Date: 9/22/2015

End Date: 9/28/15

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 09/22/15. Corrective action plan issued at time of recertification. Due by 10/22/15. 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;

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) CG#1 APS/CAN due 3/26/14 completed 3/24/15. CG#2 APS/CAN due 3/26/14 completed 3/30/15. CG#4 APS/CAN due 3/19/14 completed 3/24/15. HHM#2 APS/CAN due 3/26/14 completed 3/24/15
7.1.(a)(2) CG#1 State name check due 3/08/15 completed 3/19/15. CG#2 state name check due 3/08/15 completed 3/19/15. CG#4 state name check due 3/08/15 completed 4/01/15. HHM#2 state name check due 3/08/15 completed 4/01/15

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.

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

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

Comment:

- 41.(b)(5) CG#3 no current I.D on file
- 41.(b)(7) CG#2 no 2014 TB, CG#3 has 1 T.B on record, not dated. Missing TB for 2013, and 2014
- 41.(b)(8) CG#3 missing first aide from 09/25/13-7/27/14 and missing CPR from 09/25/13-2/11/15

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 and Client#3 no skills updates, or RN delegation since 2013 for CG's 1,2,3,4

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Foster Family Home

Fire Safety

[17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) only CG#2,3,4,5 did not lead a fire drill for 2014

Foster Family Home

Records

[17-1454-52]

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

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

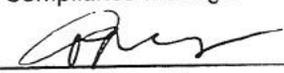
Comment:

52.(c)(1) Client#2 no code status on face sheet.

52.(c)(5) Client#1

Client#3


Compliance Manager


Primary Care Giver

9/22/15
Date

9/22/15
Date

CORRECTIVE ACTION PLAN

September 25, 2015

- 7.1. (a)(1) CG#1,2,4 and HHM#2. APS/CAN were done late, but current. Will make a check list so that not late again.
- 7.1. (a)(2) CG#1,2,4 and HHM#2. State Name Check were done late, but current. Will make a checklist so that not late again.
- 41. (b)(7) CG#2 Missed doing TB for 2014 but have for 2015. Make a check list so that will not miss again.
- 41. (b)(5) CG#3 Current ID in record. Make check list and file current ID.

CG#3 Did not have copy for 2013 – 2014 on file. TB on record done dated 08-04-2015.

Make a check list on all CG's TB when expiring so that not late again.

- 41.(b)(8) CG#3 First Aid and CPR had a lapse. Has current First Aid and CPR. Make a list when is expiring so that will not be late again and no lapse.
- 43.(c)(3) Client#1 and Client#3 Skills update for Nursing Delegation for CG#1,2,3,4 . Update done 09-25-2015. Make list when update is due and make sure it will be reviewed and updated each year.

45.(a) CG#2,3,4,5. Make sure that they lead Fire Drill on 2015 and continue to lead yearly.

52.(c)(1) Client#2 Face Sheet updated done 09-23-2015. [REDACTED] Make sure to update each month during RN visits.

52.(c)(5) Client#1 Dr.'s Order clarified for [REDACTED] and now matches MAR and label on the medicine bottle. Anytime client have doctor's visit, will make sure orders, MAR and meds label on bottle matches. Also make sure that it is typewritten correctly and legibly by the Case Management staff.

Client#3 Dr.'s Order clarified for [REDACTED] and now matches MAR and label on the medicine bottle. Anytime client have doctor's visit, will make sure orders, MAR and meds label on bottle matches. Also make sure that it is typewritten correctly and legibly by the Case Management staff.



CORAZON AGARPAO, PCG