

Foster Family Home - Corrective Action Report

Provider ID: 1-594673

Home Name: Divina Mapanao, CNA

Review ID: 1-594673-3

91-1643 Auwaha Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 1/20/2015

End Date:

2/15/15

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

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

Comment:

6.(d)(1)
Review for recertification. Deficiencies are listed under separate sections. CAP issued with all items due on 2/21/15.

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:
PCG, SCG2, SCG 3, HHM 1 and HHM2 need certified E crims and an APS/CAN.
HHM 2 needs a second fingerprint.

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:
No confidentiality training.

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c)
CG 2 does not have 8 hours of continuing education training.

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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:

48.1.(a)(1) Sudden illness or accident;

48.1.(a)(2) Death;

48.1.(a)(3) Violent acts or abuse;

48.1.(a)(4) Natural disasters;

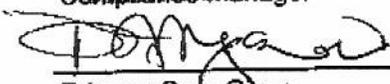
48.1.(a)(5) Fire; and

48.1.(a)(6) Power and telephone outage

Comment:

48.1a: No current emergency policy filled out.

Computer Manager


Primary Care Giver

3/19/15
Date
03/09/2015
Date

CORRECTIVE ACTION PLAN CORRECTIONS

PCG NAME: Divina A. Mapanao

DATE: 3/6/15

DEFICIENCY: 17-1454-6 (d)(1) Required Certificate

How did you correct this deficiency?

- Always attend in-service meetings and class recertification annually.

How will you avoid committing this deficiency in the future?

- Monitor the expiration date of all the class requirements.
- check emails for updates and read newsletters from CCFH

DEFICIENCY: 17-1454-7.1 - BACKGROUND CHECK

How did you correct this deficiency?

Already submitted fingerprint and background checks in January 2015 for all household members.

How will you avoid committing this deficiency in the future?

- monitor the due dates / expiration dates of background checks for all household members.
- Update my file records for all household members on time.

DEFICIENCY: -HAR 17-1454- 13.1
INFORMATION CONFIDENTIALITY

How did you correct this deficiency?

Kept and or well maintained a policy procedures and privacy rights in a binder.

How will you avoid committing this deficiency in the future?

- Maintain and organize filing system.
- Only authorized people can access the file records.

DEFICIENCY:

17-1454-41 Personnel and Staffing

How did you correct this deficiency?

Substitute caregiver completed in-service training in January 2015.

How will you avoid committing this deficiency in the future?

Remind substitute caregiver to attend in-service trainings on or before due dates.

DEFICIENCY:

17-1454-48.1 Quality Assurance

* How did you correct this deficiency?

* ① Had meeting with clients and [redacted] regarding safety quality assurance in case of sudden illness, death, violent acts or abuse, natural disasters, fire and telephone outage. [redacted] will remind clients and [redacted] about safety concerns.

How will you avoid committing this deficiency in the future?

- Will apply what has been discussed in the meeting. * ② Emergency policy form filled out and submitted to the agency.

48.1 (a)(1) Sudden Illness or Accident

- report to the doctor about the accident.
- Notify the client's family and case management.
- Report adverse event.

(a)(2) Death

- Check client's pulse, if still breathing.
- Notify case manager
- Take advice from the case management.

(See attached paper for continuation.)

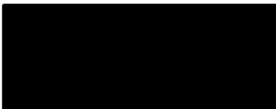
(a) (3) - Violent acts & Abuse

- call case management & ^{clients} family and doctor as well.
- record client's behavior.
- report adverse event.

(a) (4) Natural Disaster

- Always listen to the radio & news updates.
- Food stocks are available all the time.
- Knows evacuation center is.
- Always have emergency kit and enough food, water & medicine supplies.

(b) (5) FIRE

- Escape plan is visible to all  and clients.
- ^{fire} extinguisher is at reach and fire alarm systems are installed inside the house.
- Have monthly fire drill.

(b) (6) Power & Telephone Outage

- Have available cellphones at all times.
- Flashlights & lantern are available.
- back-up-generator & batteries.