

Foster Family Home - Corrective Action Report

Provider ID: 1-140057

Home Name: Daisy Kaneshi, CNA

94-535 Ana Aina Place

Waipahu

HI 96797

Review ID: 1-140057-2

Reviewer:

Begin Date: 6/30/2015

End Date:

7/27/15

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 6/30/15.
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/30/15.

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) CG#3 APS/CAN due on or before 05/07/14. Was completed on 06/22/15

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 training for CG#1, 2, or 3

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

Comment:

41.(b)(5)CG#2 no valid D.L
41.(b)(7)CG#1 T.B test due on or before 3/28/15, was completed on 04/15/15

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) No RN delegation for oral medication administration for client #1 for CG#2.

Daisy Kaneski
July 15, 2015

CORRECTIVE ACTION PLAN

7.(A)(2) CG #3 apscan due on or before 5-7-14
was completed on 6-22-15

To prevent from renewing late schedule to
renew 1 month ahead.

13.1(B)(5) No confidentiality for CG # 1, 2, 3
was completed on 9-30-14 and 7-6-15
in the future make sure all care givers are
present at the time of training and all paper
works are signed and dated.

41(B)(5) CG #2 no valid DL. 7-6-14. Valid D.L. was
fax to CTA office on 6-30-15
To prevent this from happening again, check
all paper work regularly (expiration) and
always have valid D.L. on file.

41(B)(7) TB test due on or before 2-18-15
was completed on 4-15-15
to prevent from renewing late, schedule to
take tb test before due date

43(C)(3) NO RN delegation for oral meds. administration
for client #1 from CG #2
was completed on 1-9-15 for client #1
was completed on 7-7-15 for client #2

[REDACTED] was completed on 1-9-15
to prevent this from happening in the
future, all CG must be present at the
time of client admission and case management
delegations. All paper work should be sign
and dated.

52(c)(5)

[REDACTED] medication for client #1

[REDACTED] Client refused to take
meds.

In order to prevent this from happening
check MD's order and clients meds. upon
admission. make sure all prescribed (or listed
meds) are accountable for if not and MD
order are DC.

52(c)(8)

NO PERSONAL INVENTORY FOR CLIENT #1

inventory was completed on 6-30-15
personal inventory for clients must be taken
upon admission.

