

Foster Family Home - Corrective Action Report

Provider ID: 1-120013

Home Name: Elena A. Vilorio, CNA

Review ID: 1-120013-5

94-1135 Awalai Street

Reviewer:

Waipahu HI 96797

Begin Date: 8/31/2015

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 8/31/15. Caregiver requested change from 3 client home to a 2 client home during recertification.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 10/01/15.

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

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

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

41.(i) The primary caregiver shall notify the department of any dependent household members or changes in household composition.

Comment:

41.(b)(8)CG#2 no Blood Born Pathogen's from 12/20/14 to current.

41.(i) CG#1 did not report CG#4 now a HHM until recertification visit on 08/31/15

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 R.N delegation for CG#4

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

49.(a)(1) General;

Comment:

49.(a)(1) CG#4 no liability insurance

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Foster Family Home

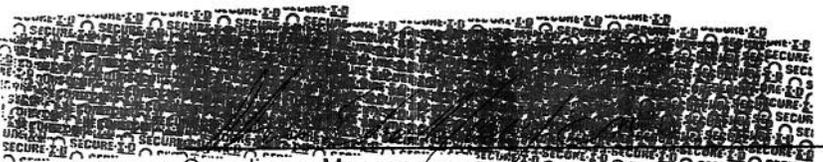
Records

[17-1454-52]

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52.(c)(6) Client#1 last documented RN visit in record is for 6/28/15.



Compliance Manager

Gleena A. Volovik

Primary Care Giver

8/31/15

Date

8/31/15

Date

From: Elena Abuan
Sent: Tuesday, September 08, 2015 7:32 AM
To:
Subject: Correction Action Plan

Elena Viloría Adult foster family home
Sept. 8 ,2015

41.(b)(8)CG#2 no Blood Borne Pathogen, CG already train & Blood Borne Pathogen was already renew and have certificate.To avoid this happening again in the future, always check the due date & remind the SCG to renew before the expiration date.

41.(1)CG#1 Need to report additional household SC#4 at time of move in. To avoid this happening again always remember & make sure to report right away any changes or additional household in the future!

43.(c)(3) No RN delegation for CG#4 (client 1), Case management Already did the delegation for CG#4, To avoid this happening again in the future, always check the delegation form and let the CG & case management to sign right after the delegation and make sure to have the RN delegation before CG can watch the patient.

49.(a)(1)CG#4 no liability insurance, CG was already covered by the liability insurance, To avoid this happening again in the future. Make sure to call right away & inform the insurance company to add CG liability insurance.

Thank you & I appreciate it!

Sincerely,
Elena A. Viloría