

Foster Family Home - Corrective Action Report

Provider ID: 1-563272

Home Name: Elsie Labayog, RN

94-1405 Waipahu Street

Waipahu

HI 96797

Review ID: 1-563272-3

Reviewer:

Begin Date: 9/24/2015

End Date:

11/19/15

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

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

Comment:

9/24/15 : Review for recertification of 2 client foster home. Deficiencies noted. Deficiency Response due 10/24/15.

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

7.1.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

7.1.(a)(1), 7.1.(c)

CG 3: Two fingerprint checks are required. The only fingerprint results present is 6/13/14. Second fingerprinting was due 6/13/15.

7.1.(a)(2)

CG 2: APS/CAN check was done 3/6/13. APS/CAN is every two years. It was due to be done 3/6/15. It was not done until 9/23/15 and lapsed. The result is a red light. The exemption is in process of being applied for.

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 present.

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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.(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.(b)(8)
CG1:
Only CG's written statement is present regarding BBP. No proof of BBP training.

41.(e) CG 4 is no longer a caregiver but CTA was not notified of change.

Foster Family Home

Physical Environment

[17-1454-48]

- 48.(e) The home shall have policies regarding smoking on the property that:

Comment:

48.(e)
No smoking policy present.



Elaine M. Salyer
Primary Care Giver

9/24/15
Date

9/24/15
Date

CORRECTIVE ACTION PLAN

DEFICIENCY 7.1 (a)(1) – CG 3: Two fingerprints checks are required. The only fingerprint result present is 6/13/14. Second fingerprinting was due 6/13/15.

HOW IT WAS CORRECTED: Contacted CG 3 to get second fingerprint. It was already completed.

HOW IT IS PREVENTED TO HAPPEN AGAIN: Be aware of the deadline. I have to be sure that the fingerprint result is available before the deadline.

DEFICIENCY 7.1(a)(2) – CG 2, APS/CAN check was done 3/6/13. APS/CAN is every two years. It was due to be done 3/6/15. It was not done until 9/23/15 and lapsed. The result is red light. The exemption has been approved. Attached is the approval of exemption from Fieldprint.

HOW IT WAS CORRECTED: Completed the necessary requirements to file an exemption and mailed it to fieldprint.

HOW IT IS PREVENTED TO HAPPEN AGAIN: Be aware of the deadline and file for APS/CAN check before the previous check expires.

DEFICIENCY 13.1(b)(5) – No Confidentiality training present.

HOW IT WAS CORRECTED: Training was completed. It is already inserted in the binder of requirements.

HOW IT IS PREVENTED TO HAPPEN AGAIN: Follow strictly the proposed calendar of activities. Be on time in accomplishing all requirements. Read newsletters by CTA and check emails accordingly. Attend seminars pertaining to health care. Provide appropriate training to my substitute caregivers.

DEFICIENCY 41.(b)(8) – CG 1: Only CG's written statement is present regarding BBP. No proof of BBP training.

HOW IT WAS CORRECTED: CG 1 has already completed BBP and signed by provider.

HOW IT IS PREVENTED TO HAPPEN AGAIN: Requirements like BBP Training should be constantly checked and missing ones should be accomplished and completed before the deadline or expiration.

DEFICIENCY 41 .(e): CG 4 is no longer a caregiver but CTA was not notified of change.

HOW IT WAS CORRECTED: CG 4 was informed that he was already removed as caregiver in our home. CTA was already notified.

HOW IT IS PREVENTED TO HAPPEN AGAIN: If a future caregiver quits or removed, I have to be sure that CTA is immediately notified.

DEFICIENCY 48 (e) : No smoking policy present.

HOW IT WAS CORRECTED: Smoking policy has been made and posted on visible areas of the house. A copy is found in the binder of requirements.

HOW IT IS PREVENTED TO HAPPEN AGAIN: I always have to be updated with all the requirements. If the posted smoking policy is torn or ruined, it must be immediately be replaced.

CG 1 also has a red light result in the APS/CAN Check. Request for exemption has already been sent to fieldprint. Attached is the approval of exemption.

Elsie M. Labayog

BY: ELSIE M. LABAYOG, CG 1

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Waipahu, HI 96797