

Foster Family Home - Corrective Action Report

Provider ID: 4-110017

Home Name: Estrelita Gaoiran, CNA

440 Kea Street

Kahului HI 96732

Review ID: 4-110017-3

Reviewer:

Begin Date: 1/16/2015

End Date: 2/4/15

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

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

Comment:

6(d)(1) see applicable sections of this review

Home visit done 1/16/15 for recertification of two bed adult foster home. Corrective action report issued during home visit with all items due 2/5/15. Corrective action report documents received 2/4/15. All items in compliance for 2 bed home to be certified for 1 year.

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. State name checks lapsed for all caregivers except CG #4. CG#1 and CG#2 done 1/13/15 and due 1/2/15. CG #3 done 10/17/14 and due 5/8/13. State name checks lapsed for all HHM. All HHM done 1/13/15 and due 1/2/15.

7.1.a.2. APS/CAN checks lapsed for all caregivers. CG #1, CG #2, and CG #3 done 10/22/14 and due 7/26/14. CG #4 done 10/22/14 and due 7/30/14. APS/CAN checks lapsed for all HHM. All HHM done 10/22/14 and due 7/26/14.

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

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.

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.b.7. CG #2 No 2014 TB in file. 2015 TB skin test in records done 1/9/15.

41.b.8. CPR/First Aid lapsed for CG #1, CG #2, and CG #4. CG #1 done 1/8/15 and due 11/17/14. CG #2 done 1/7/15 and due 11/18/14. CG #4 done 5/3/14 and due 3/18/14.

41.b.8. Bloodborne Pathogen/Infection Control lapsed for CG #1 and CG #3. CG #1 done 5/6/14 and due 1/10/14. CG #3 done 5/6/14 and due 1/13/14.

41.f.1. TB clearance for HHM #1 and #2 had no MD signature indicating no symptoms and screening form found in file. CTA unable to determine compliance. TB clearance for HHM #3 lapsed; done 5/6/14 and due 1/8/14.

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Records

[17-1454-52]

52.(c)(3) Current copies of the client's physician's orders;

Comment:

52.c.3. Client #2 No current physician orders for medication. Medication list not signed by MD and does not clearly indicate physician orders. Medication list was from discharge documents from hospice 12/23/14. CTA unable to determine compliance.



Compliance Manager

Primary Care Giver

2/12/15

Date

2/12/2015

Date

GAOIRAN FOSTER HOME

440 KEA STREET. KAHULUI HI. 96732

Phone:

• Fax:

• E-mail:

Foster Family Home – Corrective Action Plan

BACKGROUND CHECKS

7.1.a.1 – Lapse in State Name Checks

1. In order for us to not have a lapse in State Name Checks, we have created a calendar designated strictly to foster home purposes. Marked 30 days before expiration date.

7.1.a.2 – Lapse in APS/CAN

1. In order for us to not have a lapse in APS/CAN, we have created a calendar designated strictly to foster home purposes. Marked 30 days before expiration date.

PERSONNEL AND STAFFING

41.b.7 – CG#2 2014

1. There is a 2014 TB on file. There was actually a Lapse from 2013. In order to not have a lapse, we have created a calendar designated strictly to foster home purposes. Marked 30 days before expiration date.

41.b.8 – Lapse in CPR/First Aid/Bloodborne Pathogen/Infection Control

1. In order for us to not have a lapse in CPR/First Aid, we have created a calendar designated strictly to foster home purposes. Marked 90days before expiration date in order to get proper scheduling.

41.f.1 – TB Clearance

1. Although paperwork had been provided from Clinic, it was recommended that TB clearance be signed by doctor and Community Ties forms be used. Forms brought back to clinic using Community Ties form and signed. Filed in binder.

2. HH#3

Per your notes, HHM# 3 lapsed: Done on 5/6/2014 and due 1/18/2014. Next TB clearance is actually due 5/8/2015. In order for us to not lapse, we have created a calendar designated sttrictly to foster home purposes. Marked 30days before expiration date.

RECORDS

52.c.3. – Current copies of the client's physician's orders

1. Reached out to Case Management Company to create current medication log and brought to Clinic for Doctors signature. Filed in binder.