

Foster Family Home - Corrective Action Report

Provider ID: 1-613423

Home Name: Elizabeth Pastor, CNA

Review ID: 1-613423-3

94-419 Kiolena Place

Reviewer:

Waipahu HI 96797

Begin Date: 8/19/2015

End Date: 9/13/15

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 8/19/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 9/19/15.

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

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)CG#1, CG#3, HHM#1, and HHM#2 State name check was due by 07/10/15. Last completed on 07/10/13. CG#2, HHM#3, and HHM#4 no state name check in record during review.

7.1.(a)(1)HHM#3 no fingerprints on record. Need 2 sets of fingerprints on file if after 2008

7.1.(a)(2)CG#1, CG#3, HHM#1, HHM#2, and HHM#3 APS/CAN check was due by 03/05/14 to be in compliance.

Completed late on 04/07/15. HHM#4 APS/CAN completed on 04/07/15 no record on file of APS/CAN in 2014

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

Comment:

41.(b)(8) no blood born pathogen from 08/01/14-2/11/15 for CG#2

41.(f)(1) HHM#2 TB test for 2014 completed on 06/16/14. Due on or before 3/24/14 to be in compliance. HHM#3, and

HHM#4 No T.B test for 2014.

Foster Family Home Medication and Nutrition [17-1454-46]

46.(d)(1) By order of a physician;

Comment:

46.(d)(1)No Dr's order side rails for client #3

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Foster Family Home

Records

[17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(2) Client#3 Service plan not signed by authorized representative, last updated 02/01/15. Case management nurse documented to turn client every hour on last 2 months visit's, this is not reflected on service plan.

52.(c)(5) Client#2 Dr. order for [REDACTED] on MAR and Dr's order. MAR has no time frames for administration and not being signed. Dr. order for [REDACTED] MAR and bottle reads [REDACTED]

Compliance Manager



Primary Care Giver

8/19/15

Date

8-19-15

Date

CORRECTIVE ACTION PLAN MARIA ELIZABETH PASTOR 9/3/15

7.1-9.1 CG#1, CG#2, CG#3 STATE NAME CHECK COMPLETED 8/27/15. HHM#1, HHM#2, HHM#3, HHM#4 STATE NAME COMPLETED 8/27/15. I WILL PLACE ON A CALENDAR 3 WKS BEFORE DUE SO IT WON'T BE LATE AND TO PREVENT FROM HAPPENING AGAIN AND I CAN SEE IT EVERYDAY.

7.1-9.1 HHM#3 SITE IS SCHEDULED ON 9/8/15 ONCE WE RECEIVE THE RESULT I WILL E-MAIL IT TO YAM ASAP TO PREVENT THIS AGAIN I WILL MAKE A LIST AND PUT IT ON MY CALENDAR 2 MONTHS BEFORE DUE DATE SO IT WON'T BE LATE. FINGERPRINT DONE. WAITING FOR THE RESULTS

7.1-9.2 CG#1, CG#3 APS/CAN, HHM#1, HHM#2, HHM#3 APS/CAN CHECK TO PREVENT THIS I WILL PLACE ON A CALENDAR 1 MONTH BEFORE DUE SO IT WON'T BE LATE AGAIN

41.08 CG#2 I WILL MAKE A LIST AND TO PREVENT FROM BEING LATE AGAIN I WILL PUT IT ON A CALENDAR 1 MONTH BEFORE DUE. COPY ALREADY ON FILE

41.F1 HHM#2 TO PREVENT BEING LATE AGAIN I WILL PUT IT ON A CALENDAR 1 MONTH BEFORE DUE. HHM#3, HHM#4 TO PREVENT FROM HAPPENING AGAIN I WILL MAKE SURE THAT I PUT ON A CALENDAR 1 MONTH BEFORE DUE AND SEE DAILY.

46.D1 CLIENT #3 COPY OF DRS ORDER ALREADY ON FILE

52.C2 CLIENT #3 SERVICE PLAN AUTHORIZED REPRESENTATIVE OUT OF TOWN. BACK ON 9/16/15 AS SDDU, ^{THAT} [REDACTED] & BACK ON THAT DAY I WILL LET [REDACTED] SIGN & I WILL MAKE SURE FORM WILL BE ON MY CHART. I NOTIFIED CM NURSE REGARDING TO TURN CLIENT QAR ON LAST 2 VISITS, THIS IS NOT REFLECTED ON SERVICE PLAN, [REDACTED] WILL COME AND WILL FIX IT ⇒ NURSE CAME & DWS MADE CORRECTION

52.C5 CLIENT #2 DRS ^{NEW} ORDER ALREADY ON FILE FOR [REDACTED]

From: Elizabeth Pastor
Sent: Wednesday, September 16, 2015 10:23 PM
To:
Subject: Corrective Action Plan

46.d1 To prevent this I will make sure that the Drs. order will be in the client file.

52.c2 To prevent this I will make sure that the authorized representative signature will be review every 3 months.

52.c5 To prevent this I will make sure that every Drs. order will be in the client chart.