

# Foster Family Home - Corrective Action Report

Provider ID: 1-510257

Home Name: Elma Tierra, CNA

94-877 Mokuahi Street

Waipahu HI 96797

Review ID: 1-510257-3

Reviewer: 

Begin Date: 9/4/2015

End Date: 9/24/15

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## 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 9/04/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 10/04/15.

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#1,2, and 3 APS/CAN completed on 08/07/13 and 08/29/14. To be in compliance due by 08/07/14

## 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) Client #2 no R.N delegation for any caregivers.

## Foster Family Home Client Account [17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47.(a) Client#2 financial form blank. Does not say who is responsible for client's account or finances.

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[17-1454-52]

Foster Family Home      Records

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

Comment:

52.(c)(5) client #1 [redacted] MAR reads Lasix 40mg 1/2 tab po every other day.  
 Dr. order for [redacted] not on MAR  
 Dr. order for [redacted] not on MAR  
 Client #2 Dr. order for [redacted] Medication's have not been available or  
 administered since admission. CG#1 signing MAR every day.

[redacted]  
 \_\_\_\_\_  
 Compliance Manager  
 [Signature]  
 \_\_\_\_\_  
 Primary Care Giver

9/4/15  
 \_\_\_\_\_  
 Date  
 9/4/15  
 \_\_\_\_\_  
 Date

9/4/2015 15:54 PM

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Corrective actions- reviewed 09/04/2015

7.1.(a)(2)CG 1,2,&3 APS/CAN completed on 08/07/13 and 08/29/14. To be in compliance due by 08/07/14.

\* I will make myself a reminder for every requirements that need to renew on or before the expiration date. I made a calendar that shows the date & will remind me through my cellphone & at the same time post it on my refrigerator.

43.(c)(3)Client #2 no RN delegation for any caregivers.

\* I will make sure next time I will admit new client to review & double check all the necessary documents are completed, signed, reviewed, & dated the same day.

47.(a) Client#2 Financial form blank. Does not say who is responsible for client's account or finances.

\* I will again double check all the necessary documents are completed, signed, & attached to the client's chart.

\* Financial form was updated, [REDACTED] will be responsible for the finances.

52.(c)(5)Medication

Client #1

Medications reconciled with current MD orders and MAR updated (see attached signed MD orders and MAR.

Client #2

Medications have been given per MD orders (as was documented on MAR by CG #1); my apologies for any misunderstanding. Copy of RN delegation was received from Residential Choices, Inc., office staff and is included in this fax.

Please contact me if you have any questions or if you require further information.

Thank you so much for your kind consideration regarding my corrective actions.

Sincerely yours,



Elma V. Tierra

