

Foster Family Home - Corrective Action Report

Provider ID: 1-587777

Home Name: Elsie Estalilla, CNA

Review ID: 1-587777-4

45-582 Paleka Road

Reviewer:

Kaneohe HI 96744

Begin Date: 7/7/2015

End Date: 8/22/2015

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

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

Comment:

6 (d)(1) Home visit made on 7/7/2015 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 8/7/2015.

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

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(3) Inform clients about their confidentiality practices;

Comment:

13.1.(b)(3) A Consent Form for Client#1 is not present in the Home.

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

46.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.

46.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

46.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

46.(c) Client #1 and #2 Medication side effects information not present in the Home.

46.(d)(3) Client #1 and #2 Side rails orders by doctor not present.

46.(e) Client #1 Training of special feeding regarding [REDACTED]

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;

Comment:

52.(c)(2) Client #2 Service Plan not present in the Home.

Compliance Manager

Primary Care Giver

7/7/2015
Date

7/7/15
Date

August 20, 2015

Plan of Correction

13.1(b)(3) Client #1 now has consent form filed in the chart. This will not happen again because the consent form will always remain in the chart.


46.(c) Client #1 and #2 now have the medication side effects references in the home. This will not happen again because the home will always keep medication side effects information in the home.

46.(d)(3) Client #1 and #2 now have side rail orders from the clients' physicians. This will not happen in the future because the home will keep track of orders for side-rails and all orders required items for clients safety.

46.(e) CMA #1 trained substitute caregivers regarding puree diet and thickened liquids regarding client #1. This will not happen again because whenever clients needs for new skills to be trained, the home will ask CMA to train all caregivers.

52.(c)(2) Client #1 now has a service plan. This will not happen again in the future for all new admits because the home will keep track of clients needs,

Signed and Date: Elsie Estalilla 08/20/2015



Elsie Estalilla
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Kaneohe, HI 96744