

Foster Family Home - Corrective Action Report

Provider ID: 1-562711

Home Name: Eulalio Nana, CNA

Review ID: 1-562711-3

94-301 Loaa Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/10/2015

End Date:

7/07/15

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 6/10/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/10/15.

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) State name check is to be completed every other year. CG#1 and CG#2 last completed on 03/13/2013. State name check should have been completed by 03/13/2015.

HHM#1 only one fingerprint present. Second set needed to be completed on or before 08/30/2013

7.1.(a)(2)CG#1 APS/CAN completed on 03/19/13; needed to be completed on or before 03/19/14. Was completed on 08/28/14.

CG#2 APS/CAN completed on 03/19/13; needed to be completed on or before 03/19/14. Was completed on 08/28/14.

CG#4 APS/CAN completed on 02/03/13; needed to be completed on or before 02/03/14. Was completed on 04/29/14.

HHM#1 State print out was completed on 03/13/2013, one was due on or before 03/13/2015

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/ privacy rights training for CG#1, #2, #3,and #4

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(5) CG#4 no current, non-expired identification

41.(b)(7) CG#4 no T.B test for 2014 present

Foster Family Home **Fire Safety** **[17-1454-45]**

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) Fire drill missing for October 2013; CG#4 did not lead a fire drill during 2014

Foster Family Home **Records** **[17-1454-52]**

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

Comment:

52.(c)(5) Client #1 Dr. order for [REDACTED] 1 drop to both eyes two times a day as needed for [REDACTED] on 05/13/2015. Medication is not on MAR

Compliance Manager

Primary Care Giver

6/10/15

Date

6-18-15

Date

From: Eulalio Nana [mailto:[mailto:](#)]
Sent: Friday, June 26, 2015 10:02 AM

Subject: FOSTER FAMILY HOME - CORRECTIVE ACTION

HOME NAME: Eulalio Nana,CNA
94-301 Loaa Street
Waipahu, Hi., 96797

(17-1454-7.1)

(a) (1) CG#1 and CG#2 State name check completed on 6-15-2015. HHM#1 was scheduled for fingerprinting on 6-24-2015 and was accomplished. Waiting for the result to come in as needed. Foster Home Operator will have a reminder/ to do list and a post for the due date for next completion.

(17-1454-7.1)

(a) (2) CG#1 APS/CAN was completed 08-28-14 and the next consecutive APS/CAN was completed 06-17-2015. CG#2 APS/CAN was completed 08-28-14 and the next consecutive APS/CAN was completed 06-17-2015. CG#4 APS/CAN was completed 04-29-14 and nothing was given as update from CG#4(respite caregiver only SCG if needed for emergency.) HHM#1 State print out acquired on 06-12-2015, foster home will need to acquire update for next year, as noted by operator. Foster Home Operator will have a reminder/to do list and a post for due date for completion.

(17-1454-13.1)

(b)(5) CCFH substitute and adult household member training was held and very much aware of the confidentiality and privacy procedures by the CG#1, CG#2, CG#3 CG#4 and so is HHM#1. Foster Home Operator will have a reminder/to do list for in house training.

(17-1454-41)

(b)(5)CG#4 current identification card with expiration date of 2019MAR23
(b)(7)CG#4 obtained TB test from 2014 to present from CG#4.

(17-1454-45)

(a) fire drill document was included on the file and it shows completed for the year 2013 missing month of October 2013 was in the file.

(17-1454-52)

(c)(5) Client #1 medication was signed by the Physician as discontinued and was aware that the insurance does not cover and replaced medication. by the ordering physician. The MAR that was used was the previous one before new one was generated as acknowledged by the case management.

17-1454-41 b5/41.b(7)/45(a)

CG#4 will be remove as my SCG [REDACTED] is my Respite caregiver. This result me in making a folder for sighted errors and corrective plan of action as i printed the requirements from the CTA website for Two year certification requirements and Three bed recertification requirements as well. Primary caregiver will make sure this will not happen or overlook the needed action for any expiring documents.

17-1454-52(c)5

Primary Caregiver had made Case Management Agency and as well as visiting Case Management Nurse to Have a continuity of updates on medication list, medication summary, and will continue to do so.