

# Foster Family Home - Corrective Action Report

Provider ID: 1-513201

Home Name: Filomena Bonoan, CNA

Review ID: 1-513201-3

94-1053 Lumikula Street

Reviewer:

Waipahu HI 96797

Begin Date: 9/17/2015

End Date: 10/16/15

## 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 2 person environmental review made on 9/17/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 10/17/15.

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 state name check due by 03/25/14 completed on 09/09/15

7.1.(a)(2) CG#1 APS/CAN due by 07/31/14 not completed yet. CG#2 APS/CAN due by 09/26/14, not completed yet.

## 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)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(5) CG#1, and 2 missing automobile insurance from 11/15/14-06/09/15

41.(b)(8) CG#1, and #2 lapse in CPR and First aid from dates 03/30/14-08/02/14. CG#1 and CG#2 lapse in Blood born pathogen's from 1/24/14-08/02/14

41.(e) PCG did not report removal of SCG #3 until recertification on 09/17/15

## 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) No R.N. delegation for CG#1, and 2 for [REDACTED] for client #1

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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;

Comment:

52.(c)(2) Client#1 has order for seatbelt in w/c. Not on service plan



Compliance Manager

*Filomena B...*

Primary Care Giver

Date

*9/17/15*

Date

*9/17/15*

TO: \_\_\_\_\_, RN  
CTA - Compliance Manager  
FAX: (808) 234-5470

**CORRECTIVE PLAN FOR: FILOMENA BONOAN – Provider ID #1-513201**

7.1.(a)(1) CG#1 APS/CAN completed on 9/23/15 – see copy attached on 10/2/2015

7.1.(a)(2) CG#2 APS/CAN completed 9/25/2015 – see copy attached on 10/2/2015

How to prevent on the next review: Put a reminder on my binder 1 month before the expiration date.

41.(b) (5) CG#1 Called insurance agent to provide a copy of insurance from 11/15/14-06/09/15.

Automobile insurance copy completed and is in place with the binder now. All insurance copy kept in the book for next review.

How to prevent: Check insurance copy one month before it expires.

41.(b) (8) CG#1 –CG #1 & #2 lapse in CPR and First aid/ Blood born pathogen's from 3/30/14-04/02/14

For next review make sure check CPR/First Aid/Blood born pathogen's make sure the dates should be taken before the expiration dates. One month before the expiration dates should be taken to prevent lapse. Make a reminder ticker on the binder to make sure you have to take CPR/First Aid/Blood born pathogen's classes taken before it expires

43 (c)(3) No R.N. delegation for CG#1, & 2 for eye drops for client #1. R.N. delegation has been completed on 9/23/2015. See attached copy

52(c) (2) Client current individual service plan, & when appropriate transportation plan by the department. We used transportation via private vehicle to MD appointment & outings.

See attached copy

52(c)(2) Client #1 has an order for seatbelt in W/C not on service plan

Completed on 9/23/2015. See attached copy

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CORRECTIVE PLAN FOR: FILOMENA BONOAN – Provider ID #1-513201

41.(e) PCG did not report removal of SCG #3 until recertification on 9/17/2015

If I remove a SCG I should send to CTA the Substitute Caregiver Change Notification form to

Remove a SCG.

How to prevent: Always remember to send the Substitute Caregiver Change Notification form to

CTA when you remove a SCG.

52.(C)(2) Client #1 has order for seatbelt in W/C. Not on service plan

Visiting RN completed on 9/23/15. She added in the service plan that client used seat belt while in the Wheelchair.

How to prevent: Check Service plan if order of seat belt while client in the wheelchair. Notify visiting RN to update service plan if it's missing.