

Foster Family Home - Corrective Action Report

Provider ID: 1-512419

Home Name: Filma Benigno, CNA

94-302 Hilihua Way

Waipahu HI 96797

Review ID: 1-512419-4

Reviewer: [REDACTED]

Begin Date: 7/8/2015

End Date: 9/22/15

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 7/08/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 8/08/15.

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#3 Fingerprint on 03/11/2014. Needs one more on file

7.1.(a)(2) CG#2 APS/CAN due on or before 03/15/2013, completed on 05/28/18. CG#3 APS/CAN due on or before 03/11/15 last one completed on 03/11/14 needs another one. HHM#1 APS/CAN completed on 04/21/2015 no evidence in record for APS/CAN from 04/21/2014

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

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

- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).
- 41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

- 41.(a)(3) CG#2 no in home experience in file during time of visit for 3 client home.
- 41.(b)(4) CG#2, and CG#3 No disclosure form
- 41.(b)(7) CG#1, 2, and 3 no 2014 TB
- 41.(b)(8) CG#1 no CPR or first aide from 09/02/2013-02/14/2014; no blood born pathogens from 07/24/2013-03/15/15. CG#2 no CPR or first aide from 07/24/2013-01/30/2015; no blood born pathogens from 07/24/2013-01/30/15. CG#3 no CPR or first aide from 07/24/2013-03/07/2015; no blood born pathogens from 07/24/2013-01/30/15.
- 41.(c) CG#1 No annual training for 2014, CG#2 No annual training for 2013, CG#3 No annual training for 2013, and 2014

Foster Family Home **Quality Assurance** [17-1454-48.1]

- 48.1.(b) Adverse events shall be reported

Comment:

- 48.1.(b) Client #1 documented skin tear to (R) elbow on 06/30/2015 and skin tear to (R) knee on 07/02/2015. No adverse event form in client chart.

Foster Family Home **Insurance Requirements** [17-1454-49]

- 49.(a)(1) General;

Comment:

- 49.(a)(1)CG#1, and CG#3 no liability insurance from 07/34/13-11/30/13. CG#2 no liability insurance on file

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

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

Comment:

- 52.(c)(5) Client#1 Dr's order and label on bottle are for [redacted] every 4 hours. MAR reads PRN. Dr's order ofr [redacted] use as directed every 6 hours. Not on MAR, there is a sign out sheet for [redacted] Dr's order for [redacted] brush as directed. No medication at time of recertification and not on MAR.
- 52.(c)(5) Client#2 Dr's order for [redacted] every day. Listed on MAR. No assigned times and no medication at time of recertification. Client#2 Dr's order for [redacted] every 6 hours PRN, also on MAR. No medication available at recertification.



Compliance Manager
Filma Benigno

Primary Care Giver

7/08/15

Date
7/08/15

Date

1-512419

Corrected Action Plan 9/21/15

#7-1A1

Caregiver #3 scans fingerprints on file
All caregivers will have 2 sets on file

#7-1A2

Caregiver #3 + household #1 APS, Can completed
and in record. Caregiver #2 APS Can was done
late. Will put on calendar before due so not late.

131 B-5 Caregiver #1 #2 #3 training done

Make sure all the caregiver has training

41 A3 - Caregiver #2 job experience form in record.

Make sure all caregiver has experience on the
record.

41 B4 - Caregiver #2 & #3 have disclosure + record
and make sure all the caregiver has disclosure
form & will not remove.

41 B7 - Caregiver #1 #2 #3 2014 TB clearance put in
record, make sure stays in record until next
survey.

41 B8 - Caregiver #1 #2 #3 CPR, 1st aid & Bloodborne

Pathogen is late.

Will place in calendar so that it not late
again.

41 C - Caregiver #1 #2 #3

Training 2013 + 2014 place in record or make
sure not remove until next review.

48 810 - Client # 1 ^{compare} advise Event for 3rd year
R/Hon & R/Free.

Will do advise Event for 24 Aug.

49A - Caregiver #1 + 2 + 3 - Make sure etc on the
File they were added.

5205 - Client # 2 - Dr's order needs Man
& doctor's order label match. Then [REDACTED]
been done. Will make sure everything is
matching so compare to Man & bottles same.

Client # 2 - Dr. order clarify [REDACTED]
orders all match. Make sure all Doctor
orders match on Man & Doctor's order.

Filma Brijou
9/21/15
1-512419