

Foster Family Home - Corrective Action Report

Provider ID: 1-130048

Home Name: Imelda Vea,CNA

Review ID: 1-130048-3

94-462 Alapine Street

Reviewer:

Waipahu HI 96797

Begin Date: 8/24/2015

End Date: 9/21/15

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 recertification review made on 8/24/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 9/24/15.

6.(d)(1) - see applicable sections of the review

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

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.(e) CG#4 no approval form from CTA as substitute caregiver for this Primary caregiver.

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#1 no account record on file. Caregiver communicated family handles account.

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

48.1.(b) Adverse events shall be reported

Comment:

48.1.(b) Client #1 skin tear noted in RN case manager's notes on 07/2015. No adverse event form completed.

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

49.(a)(1) General;

Comment:

49.(a)(10) CG#3 no liability insurance

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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;

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

Comment:

52.(c)(2) Client#1 no signature from authorized representative on service plan

52.(c)(5) Client#1 Dr. order for [REDACTED] [REDACTED] no on MAR

Compliance Manager

Sheldra A. Vu

Primary Care Giver

Date

8/24/15

Date

8/24/15

Imelda A. Vea
September 19, 2015

Corrective Action Plan

Citation#41.(e) CG#4 The home received and approval form from CTA for CG#4. To prevent this from happening again the home will make sure that evidences for meeting such requirement should be maintained on file.

Citation#47.(a) Client#1 The home received a signed copy from the wife of Client#1 stating that the family is receiving the monthly allowance of \$50. The family used this amount for the client's personal needs such as clothes, foods, and adult wipes. The home will keep the signed copy on the client records.

Citation#48.1(b) Client#1 The home completed an incident report and already sent to the Case Management Agency. In order to protect the Caregiver as well as the Client from any problem or deficiency to occur, the home will already make sure that an incident report will be made within 72 hours after the adverse event happened. And such incident report will be maintained on client's file.

Citation#49.(a)(10) CG#3 The home contacted the liability insurance on September 13, 2015 for the third time. The Liability Insurance Certificate for my new substitute caregiver (CG#3), was received September 15, 2015. The home will ensure that all substitute caregivers in the future will be included in the liability insurance on the day they were hired. The home will always keep the copy on file.

Citation#52.(c)(2) Client #1 The home contacted the authorized representative and came to sign on the service plan in August 29, 2015. The home will make sure that every three months will review the service plan and always see to it that whatever needs to be signed will be signed on time. The service plan will be kept on the client records

Citation#52.(c)(5) Client#1 The home contacted the case management visiting RN regarding this matter. the visiting RN came last Thursday September 17, 2015. The RN stated that [REDACTED] for [REDACTED] resolved was ordered by PCP on 5/13/15. There is an ordered clarification on May 19, 2015 that medication to be used until [REDACTED] resolved. On May 26, 2015 [REDACTED] was resolved and was documented on MAR. Therefore, [REDACTED] is no longer transcribed on the MAR.

Signed: *Imelda A. Vea* 9/19/15