

# Foster Family Home - Corrective Action Report

Provider ID: 4-597552

Home Name: Jessica Domingo, CNA

Review ID: 4-597552-3

016 Laelae Street

Reviewer:

Vailuku HI 96793

Begin Date: 5/7/2015

End Date: 5/19/15

## Foster Family Home Background Checks [17-1454-7.1]

13.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

13.1.a.2. APS/CAN checks lapsed for CG #1, CG #2, CG #3. CG #1 APS/CAN check done 4/23/14 and due 3/18/14. CG #2 APS/CAN check done 2/2/15 and due 1/23/15. CG #3 APS/CAN done 4/23/14 and due 3/18/14.

## 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 found in file for all caregivers.

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

11.(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).

Comment:

11.b.4. No Disclosure form found for CG #4.

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

146.(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.

Comment:

146.c. No drug book or medication profiles found in file.

## Foster Family Home Physical Environment [17-1454-48]

148.(c)(2) The primary or substitute caregiver shall follow infection control procedures and proper procedures for disinfecting equipment and devices used in the care of the client; and

148.(e) The home shall have policies regarding smoking on the property that:

Comment:

148.c.2. No approved disinfecting solutions for the floors were found in home.

148.e. No smoking policy found in file.

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**Foster Family Home**

**Quality Assurance**

[17-1454-48.1]

18.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

18.1.a. No Emergency preparedness plan found in file.

**Foster Family Home**

**Client Rights**

[17-1454-50]

20.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

20.b.15. No visiting hours indicated in file.

**Foster Family Home**

**Records**

[17-1454-52]

22.(a)(3) A list of applicable community resources.

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

Comment:

22.a.3. No community resource list found in home.

22.c.5. Client #1 MD orders discrepancy with the MAR. MD orders 12/14/14 states ; and MAR states

7.1.a.2 : I will maintain/make calendar of dates for all Caregivers and Home members to do their APS/CAN, background checks on time to avoid lapsing of dates.

13.1(b)(5) : I will provide training to all Caregivers and Household members about their confidentiality practices and will respect clients rights. They will sign the form to agree and be submitted to CTA.

41.(b)(4) : Submit duly accomplished disclosure form for CG#4.

46.(c) : Maintain a medication profile for each client. ( )

48.(e)(2) : Use and store approved disinfecting chemicals/solutions for the floor such as Pine-Sol and Chlorox that kills 99.9% of household germs.

48.(e) Submit and include "No Smoking Policy" in the file.  
(Please see CFFH Admission Policy)

48.1(a) Maintain file. *Accomplished Emergency Preparedness Plan in the file.*

Compliance Manager

Jessica S. Florin go  
Primary Care Giver

Date

5/19/2015  
Date

5/19/15

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50.b.15: Include and maintain indicated visiting hours on file.  
CPLs. See Community Foster Family Home Admissions Policy and Agreement.

52.(c)(5): Maintain a list of Community Resources in the home.

52.c.5: Secure updated and correct MD orders to avoid discrepancy with the MAR of the Client.



Compliance Manager

Primary Care Giver

*James S. Fleming*

5/14/15

Date

5.17.2015

Date