

Foster Family Home - Corrective Action Report

Provider ID: 1-562125

Home Name: Josette Falle, CNA

Review ID: 1-562125-4

94-1157 Awaiki Place

Reviewer:

Waipahu HI 96797

Begin Date: 9/15/2015

End Date: 11/30/15

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Review for recertification appointment for 3 client home made on 09/15/2015. Corrective action plan issued and due by 10/15/15. See applicable sections 6.(d)(1)

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 and HHM#1 E-crim due by 09/02/15 not completed yet. HHM#2 E-crim due by 7/18/15 not completed yet
7.1.(a)(2) CG#5 APS/ CAN due by 6/24/15. Not completed yet. CG#6 APS/ CAN due by 4/02/15. Not completed yet.

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 training for CG#5 and 6

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

Comment:

41.(a)(3) CG#1 no job experience form in record

41.(b)(7) CG#1 T.B due on or before 8/25/15 completed on 9/11/15, CG#5 T.B due on or before 6/30/15 completed on 8/03/15, HHM#1 T.B due on or before 8/25/15 completed on 9/14/15

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) Client#2 no R.N delegation in record prior to 1/16/15

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

46.(d)(1) By order of a physician;

Comment:

46.(d)(1) Client#1 on service plan fro side rails and safety belt. No Dr.'s order, also not frequency on service plan.

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

48.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

48.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

48.(c)(1) The primary or substitute caregiver shall follow appropriate preventative maintenance procedures for equipment and devices used in the care of clients;

Comment:

48.(a)(1) bathroom shower leaks water onto floor, this is a safety hazard. Door from bedroom goes to another house who are not HHM's. Door needs to be sealed or people in other house added as HHM's

48.(a)(6) yard needs to be picked up along side of house and backyard. Obstructive travel to these areas as well as obstructing escape route for fireplan

48.(c)(1) ceiling in client#3's room with areas that dip down in ceiling and are leaking water onto the floor when it rains. Safety and health hazard. Needs fixed. Multiple tile in kitchen with broken/ missing pieces, client at risk for falls/ injury if ambulating in kitchen. Needs fixed.

Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(5) Client#1 Dr. order for label on bottle reads at
bedtime. Order needs clarified and MAR and medication label matching.



Compliance Manager

Primary Care Giver

Date

Date

9/15/15

9/15/15

Compuser Manager
 45-955 Kamehameha Hwy. Suite 800
 Honolulu HI 96848
 11/27/15

Corrective Action Plan

- 48100 = privacy training - let my new colleagues up on the form when they start working and keep the form in my bin.
- 46001 = add rail and safety belt = service plan should be review every 6 months and any changes with out order, service plan must be updated.
- 48001 = my husband fixed by replacing the damage ceiling and re-paint - protect/mixing tiles replaced. preventive maintenance done by fixing the roof and replacing new tiles.
- 41001 = CEI 11/14/15 = 5 min on 10-15-15 - place on calendar 30 days before due date.
- 41003: CEI = job experience = on 9/16/15 = Always attend to follow.
- 41005: CEI = TB due = on 9/11/15 = Place on calendar 30 days before due date.
- CEI = TB due = on 8/31/15 = place on calendar 30 days before due to using seq.
- HH 11/15 TB due 9/14/15 = place on calendar 30 days before due date.

- 48 a b = client 2 = RN migration = on 10/15/15 = Always
 check the record and uniting etc
- 48 a b = done October 2, 2015 = Clean up the hallway.
 clear all the obstructive materials and
 maintain safety precautions.
- 48 a 2 = CGH = APS / CAT - attached to chart dated 8-20-13
 and 4-12-14 place on evidence so they
 before due date.
- 48 a 1 = both - Fix 9-19-15 Plumber change of
 the defective one - punitive maintenance agreement.
 Any damages need to be fixed right away.
- 52 a - Getting correct order on 10-16-15 = Always
 check the order and label of medicine
 bottles

JJ
 SOFETTE FAUL