

Foster Family Home - Corrective Action Report

Provider ID: 1-565161

Home Name: Juanita Ramos, CNA

2413 Kula Kolea Drive

Honolulu HI 96819

Review ID: 1-565161-3

Reviewer:

Begin Date: 10/16/2015

End Date:

11/16/15

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

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

Comment:

1-565161: Home Survey for recertification of two client home conducted 10/16/2015. Corrective Action Report issued with Corrective Action Plan to be received to CTA by 11/16/2015.

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;

Comment:

7.1.(a)(1)

CG2: Fingerprint results in file from 5/7/2014. No second fingerprinting in file.

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

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

Comment:

41.(b)(8)

CG 4: BBP in file is from 2/23/2014. Another BBP training was due 2/23/2015.

Foster Family Home Grievance [17-1454-44.1]

44.1.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

Comment:

44.1.(2)

Client 1: The Grievance form in file does not contain current contact information for filing a grievance.

Foster Family Home - Corrective Action Report

Foster Family Home

Medication and Nutrition

[17-1454-46]

46.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, HAR, or an RN for all medication that the client requires.

46.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

46.(b)

Client 1:
No order for [REDACTED] was found in file but it is listed on the Medication Record and is being administered. PRN Medication Record lists [REDACTED] but no orders found in file.

Client2:

No PRN medication order in file, but [REDACTED] is listed on Medication Record.

Medication Record states [REDACTED] ([REDACTED]) three times daily prn pain. Physician order of 5/5/2015 states [REDACTED] twice daily.

[REDACTED] are being administered but no order was found in file.

46.(e)

Client 1: Service Plan states [REDACTED] but no training information is present in file.

Service Plan states [REDACTED] however client is eating a minced diet and liquids are not thickened.

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 2: Client Account Record is not accurate.

Foster Family Home

Physical Environment

[17-1454-48]

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.(c)(3)

Client 2: Bugs in lighting fixtures in client's room. Client states that cockroaches are occasionally present in the room. There are holes present in screens in client's room.

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[17-1454-52]

52.(c)(8) Personal inventory.

Comment:

52.(c)(8)

Client 2: Client Inventory is not up to date.



Compliance Manager

Guante F. Ramos

Primary Care Giver

10-16-15
Date

10-16-15
Date

November 9, 2015

7.1.(a)(1) CG2 made an appointment for finger printing on 10-19-2015 and received the result on 10-27-2015. Result in file. I will make sure all caregivers have 2 step finger print on file.

41.(b)(8) CG4 was able to do Blood Borne Pathogen training on 10-19-2015 and received certificate. Certificate on file. Reminder will be sent to all caregivers to make sure all requirements and appointments must be done prior to expiration date.

44.1.(2) Client 1: The Grievance form has been updated with current contact information for filing. Form in file. I will make sure all information will be updated every month or as often as necessary.

46.(b) Client 1: I called the Dr.'s office on 10-19-2015 for the prescription. Received prescription on 10-21-2015. I went to the Dr.'s office for the order of and to be discontinued. was prescribed on 10-19-2015. I will make sure all new Dr.'s prescriptions will be added to client's medication lists.

46.(b) Client 2: I went to the Dr.'s office on 10-19-2015 and requested prescription, updated prescription and prescription. I will make sure all prescriptions matches and be logged in into client's medication lists.

46.(e) Had an order from Dr. for regular diet and . Went to the Dr.'s office to have order signed. I will make sure all orders are followed by all caregivers.

47.(a) Client 2: On 10-17-2015 I created a personal account for patient to retro all items bought effective 10-01-2015. I will list all items bought and keep track on patient balance.

48.(c)(3) Client 2: On 10-16-2015, screen holes fixed and light bugs were removed and cleaned. I will inspect patient room every month or as often as necessary.

52.(c)(8) Client 2: On 10-19-2015, I did client inventory and listed all belongings. I will make sure that when I purchase new items for client, I need to add on to the client's inventory list.

Juanita F. Ramoa
2413 Kula Kōlea Dr.
Hon. HI 96819

11/12/15