

# Foster Family Home - Corrective Action Report

Provider ID: 1-577679

Home Name: Juvelyn Edades, CNA

Review ID: 1-577679-6

1596 Perry Street

Reviewer:

Honolulu HI 96819

Begin Date: 10/9/2015

End Date:

11/9/15

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

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

Comment:

1-577679 Recertification survey for three client home conducted on 10/9/15. Corrective Action Report issued. Corrective Action Plan due to CTA by 11/9/15.

## 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)  
After fingerprint requirements are met, Ecrim is required every two years.  
CG1, CG2 and HHM 1 had Ecrims that expired in 2014. Ecrims were done in 2015. ( 10 month gap ).

## 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)  
Caregivers are required to obtain training regarding confidentiality in the foster home.  
There is no record of confidentiality training of caregivers and household members in files.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)  
Persons with a negative TB test are required to be tested every year  
CG 3 has yearly physician screenings but the only TB test ( 2012 ) is negative. .

CG1 and HHM1 have only screenings in file, no records of Chest X Ray or TB test.

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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.

Comment:

46.(b)

Caregivers are to be delegated to by the RN prior to performing services for clients.  
There is no nursing delegation for glucose monitoring for CG3.

CONFIDENTIAL

Compliance Manager

*[Signature]*  
Primary Care Giver

10/9/15  
Date

10/9/15  
Date

November 05, 2015

The statement made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all State regulations, the CCFH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the CCFHs allegations of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

17-1454-7.1. A-1. CG1, CG2 and HHM1 had the updated documents, but the home overlooked this matter. To avoid this mistake in the future, the home will provide a calendar to monitor the expiry date of each required documents such as fingerprint, Ecrim, etc. The home will also create reminders of all the dates to keep updates before the expiration dates.

17-1454-13.1. B-5. Training will be provided for all employees and household members regarding confidential policies and procedures and client privacy rights after CTA review. To avoid this mistake, the home will promptly offer training to all new caregivers and household members.

17-1454- 41. F-1. The home called PCP right after CTA review to obtain the copies of the previous TB results or x-rays for CG1, CG3 and HHM1. The doctor's office faxed the home the current results. To avoid this in the future, the home will create a chart to track all the records of the expiration dates of each person.

17-1454-46. 46B. The home called the agency and case manager, the home has received Nursing delegation for glucose testing. The home will avoid this mistake in the future by notifying the CMA when a new procedure or a new caregiver is added.

Signed:  11/05/15  
Juvelyn Edades  
1596 Perry Street  
Honolulu, HI 96819