

Foster Family Home - Corrective Action Report

Provider ID: 1-561739

Home Name: Lawrence Sabangan, CNA

Review ID: 1-561739-4

94-203 Makamaka PL

Reviewer:

Waipahu HI 96797

Begin Date: 8/14/2015

End Date: 9/9/15

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

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

Comment:

Home visit for recertification and change from 2 client home to 3 client home made on 08/14/15. Corrective action plan issued on 08/14/15 due on 09/14/15. See applicable sections in 6.(d)(1)
All items for corrective action plan turned in by primary caregiver on 09/09/2015

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

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)(2)CG#1, and 2 APS/CAN completed on 03/08/13 and 07/01/15 to be in compliance due by 03/08/14. CG#3 APS/CAN completed on 03/11/13 and 04/15/15 to be in compliance due by 03/11/14

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

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

Comment:

41.(b)(5) CG#1 no automobile insurance in record from 09/11/13-07/02/15. CG#2 and CG#4 no valid I.D
41.(b)(7) CG#2 no 2013 or 2014 T.B record. CG#4 No 2014 TB on record
41.(b)(8)CG#1 No record of CPR and First Aid from 09/11/13-08/02/14. CG#4 No record of CPR from 09/11/13-01/20/15.
CG#4 no record of First Aid from 09/11/13-01/14/15

Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a)No record of fire drill for June 2015

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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 no Dr's order for safety belt in w/c at all times

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)(3) Current copies of the client's physician's orders;

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

Comment:

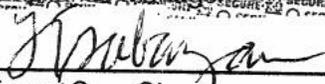
52.(c)(2)Client#1 Service plan marked for v/s's every day. V/S's only taken weekly during the month of July and August; Service Plan for client to assist as much as possible with care shampoo hair, clean teeth, dress and bath if able. Client is bed/ w/c bound. Service Plan for soft cloth in palm of hand. Did not notice during recertification visit.

52.(c)(3) Client #1 MAR reads [REDACTED] No Dr's order.

52.(c)(5)Client#1 Dr's order for [REDACTED]. Not on MAR, Dr's order for [REDACTED], MAR reads [REDACTED]

Client#2 Dr's order and MAR different orders for Blood pressure and heart rate hold than label on medication bottle for [REDACTED]. Client received [REDACTED] than what listed on medication label bottle x's 1, did match Dr's order.




Primary Care Giver

8/14/15
Date
8/14/15
Date

August 28, 2015

The statements 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 the 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 CCFH's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

Background Checks [17-1454-7.1]

7.1(a)(2) Adult protective service perpetrator checks CG#1 has a current 2015 APS/CAN check but was late to renew for 2014. To prevent this from happening again I will create a chart with all the required certifications and their expiration dates and place it in an area where I can see it easily and check my records on a monthly basis.

7.1(a)(2) Adult protective service perpetrator checks CG#3 does have a current 2015 APS/CAN check but late to renew for 2014. To prevent this from happening again I will remind them ahead of time to prevent any lapse in dates.

Personnel and Staffing [17-1454-41]

4.1(b)(5) Valid Hawaii driver's license, access to insured vehicle, and alternative approved by department CG#1 has current automobile insurance for 2015 however did not save copies of previous years. To prevent this from happening again I will no longer discard copies of important documents.

4.1(b)(5) Valid Hawaii drivers' license, access to insured vehicle, and alternative approved by department CG#2 has a valid I.D. however it wasn't copied clearly. I will attach a clearer copy. To prevent this from happening again I will do all copies in color.

4.1(b)(5) Valid Hawaii driver's license, access to insured vehicle, and alternative approved by department CG#4 has a valid I.D. however it wasn't copied clearly. I will attach a clearer copy. To prevent this from happening again I will do all copies in color.

4.1(b)(7) Current TB clearances CG#2 has a current TB clearance for 2015 however was late to renew for 2013 and 2014. To prevent this from happening again I will remind them ahead of time to prevent any lapse in dates.

4.1(b)(7) Current TB clearances CG#4 has a current TB clearance for 2015 however was late to renew for 2014. To prevent this from happening again I will remind them ahead of time to prevent any lapse in dates.

4.1(b)(8) Current training in blood borne pathogen and infection control, CPR, and basic first aid CG#1 has a current 2015 CPR and first aid however did not save copies of previous years. To prevent this from happening again I will no longer discard copies of important documents.

4.1(b)(8) Current training in blood borne pathogen and infection control, CPR, and basic first aid CG#4 has all certifications from 2013 thru 2015. I will attach copies. To prevent this from happening again I will remind them ahead of time to prevent any lapse in dates.

Fire Safety [17-1454-45]

5.(a) Conduct, document, and maintain a record of unannounced fire drills monthly and test smoke detectors

There is a fire drill for June 2015 however it was filed in the wrong section. I will attach a copy of June 2015 drill. I will make sure to place all documents in the correct areas and check monthly.

@mail

Medication and Nutrition [17-1454-46]

6.(d)(1) By order of a physician Client #1 did have a doctor's order for a safety belt however it was filed with old documents. I will attach a copy of the doctor's order. In the future I will make sure all orders are updated with each visit and will file them in the proper areas.

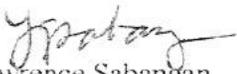
Records [17-1454-52]

2.(o)(2) Client's current individual service plan Client #1 needs vital signs checked daily however it was checked only once a week during the months of July and August. I have been checking it regularly every day since my recertification appointment. I will attach a copy of the daily vitals that I have been taking. I will encourage my client to try to assist more when it comes to her personal hygiene when able. I will make sure to double check if client has a soft cloth in palm of hand daily. I will be more aware of my service plan and review it monthly with my nurse during her monthly visits.

2.(o)(3) Current copies of the client's physician's orders Client #1 was missing an order for [REDACTED]. I will attach a copy of current doctor's order. I will make sure to update all orders during each doctor's visit to prevent this from happening again.

2.(o)(5) Medication schedule checklist Client #1 had some discrepancies on MAR that didn't match doctor's orders. I have coordinated with my case management agency and updated the MAR with correct orders. I will attach a copy. In the future I will make sure to double check all orders with Mar during the monthly nurse visits and alert them immediately with any changes or errors.

2.(o)(5) Medication schedule checklist Client #2 medication did not match doctor's order. I got a new prescription to match current doctor's order and MAR changed as well. I will attach a copy. I will make sure to double check all MARs and notify my nurse and agency right away if there are any discrepancies. I will correct all mistakes right away and fax them over to the agency so that they can also update their records. I will implement the 5 rights of giving medication and will make sure that all caregivers do the same.



Lawrence Sabangan
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