

Foster Family Home - Corrective Action Report

Provider ID: 1-561169

Home Name: Manuela Zales, CNA

Review ID: 1-561169-4

94-1308 Kahuanui Street

Reviewer:

Waipahu HI 96797

Begin Date: 9/11/2015

End Date: 11/23/15

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

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

Comment:

Home recertification review for 2 client home completed on 09/11/15. Corrective Action plan issued and due by 10/11/15. See applicable sections in 6.(d)(1)

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) CG#4, and 6 no confidentiality/ privacy training

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

41.(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).

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.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(4)CG#4 no disclosure form

41.(b)(5)CG#6 D.L expired 2014

41.(b)(7)CG#6 T.B due by 08/03/15. Last T.B results in record 06/03/14

41.(b)(8)CG#4 No record of Basic life support 05/10/15- current, CG#4 lapse in blood born pathogens from 1/18/15-2/11/15

41.(c)CG#4 Only 2 annual training hours in record for 2014 needs 8

MANUELA ZALES ADULT FOSTER HOME

94 1308 Kahuanui Street

Waipahu, HI 96797

Tel. No.

Community Ties of America, Inc.

Kaneohe, Hawaii

Re: CCFPR CORRECTIVE ACTION REPORT

13.1.(b)(5) CG#4 and #6 no confidentiality/ privacy training.

Called CGs to come over at home to take confidentiality/ privacy training and signed. To prevent from happening again in the future, all new SCG and household member will be provided confidentiality/ privacy training immediately.

41.(b)(4)CG#4 no disclosure form.

Called SCG#4 to come in see me at home to have [REDACTED] disclosure form signed dated 10/07/2015. To prevent his from happening again, all new SCG will immediately sign disclosure forms before adding. Copy inserted.

41.(b)(5)CG#6 D.L expired 2014.

Pick up a copy of SCG#6's new Driver License, expired 11/08/2015. A home plan will create a forms of list of each caregiver and household members for all documents to keep track of all records to prevent over dues and lapses. Included is an example copy of this forms. A copy of D.L copy inserted.

41.(b)(7) CG#6 T.B due by 08/03/15. Last T.B results in record 06/03/14.

According to my record for CG#6. T.B given dated 6/3/14, expiration date is 11/04/2016. I ask a new T.B for CG#6 given dated 8/21/15 and expiration dated 3/3/17. CG#6, I believe is not over due. A home plan will create a forms of list of each new and existing caregiver and household members for all documents to keep track of all records to prevent over dues and lapses. Included is an example copy of this forms. A copy of old and new T.B copy inserted.

41.(b)(8)CG#4 No record of basic life support 05/10/15- current CG#4 lapse in blood borne pathogens from 1/18/15-2/11/2015.

Called CG#4 to informed that [REDACTED] first aid and blood borne pathogens are already expired and needs a new one. Inserted is a new copy of first aide and blood borne pathogens.To prevent from happening again, a home plan will create a forms of list for each new and existing caregiver and household members for all documents to keep track of all records to prevent over dues and lapses. Included is an example copy of this forms.

41.(c)CG#4 Only 2 annual training hours in record for 2014 needs 8.

Informed caregiver [REDACTED] missing In service training [REDACTED] provided me a copy. Inserted is a new copy of 8 hours In service training.To prevent from happening again, a home plan will create a forms of list for each new and existing caregiver and household members for all documents to keep track of all records to prevent over dues and lapses. Included is an example copy of this forms.

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43.(c)(3) Client #1 no RN delegation for CG#3, [redacted] RN delegation for CG#4,6.

For Client #1, I called CM to schedule a RN delegation for CG#3 and 4 and took them to the office personally. For Client #2, I called CM to schedule a RN delegation for CG#6 to the office to make sure can be done immediately. CG#4 RN delegation was on file the whole time. To prevent from happening again, informed CG all new and existing CG should take RN delegation upon admission or for a new prescription drugs. Please see insert files for reference.

44.1.(2) Client #2 no written and signed grievance policy.

Informed CM for Client #2 of missing written and signed grievance and policy on files. they provided me with signed ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES, a copy inserted. To prevent from happening again, all new clients binder should check all records and files needed upon admission.

52.(a)(3) no resource list in record.

I misplaced Senior Information and assistance Handbook and failed to provide during my inspection. I went to American Savings Bank and got the latest Senior Information and assistance Handbook 2015-2017. To prevent this from happening again, I will make it sure to keep this handbook in my foster home binder all the time, put it back after used.

52.(c)(2) Client#2 no service plan in record.

Informed CM that client #2 has no record of service plan on file, and they provided a copy of there service plan record on file. To prevent for happening again to a new client, inspect all records on file upon admission.

52.(c)(4) Client #2 no specific emergency plan on record.

Found emergency Procedures as part of Policy and Procedures, this can be use in case of emergency. Insert a copy. To prevent from happening again in the future, I will make it sure and inspect all clients records before admission.

52.(c)(5) Client#1 Dr. order for [redacted], MAR and label on prescription medication read

For [redacted], I called CM regarding this matter and advice me to take MD's order. Please see insert files for this case. To prevent from happening again in the future, I have to always match Dr's order and bottled and look for any discrepancy and called MD's office for clarification and inform CM.

52.(c)(5) Client#2 Client#2 need clarified. Reads

[redacted] if tolerated. Clarification of what dose client is receiving. MAR not signed for moth of [redacted] I failed to write refused (R) as client refusing taking this meds for a while and should have been [redacted] To prevent this from happening again, I need to be more aggressive for clarification for this kind of confusion. Please refer to insert file regarding this matter.

52.(c)(6) Client#2 no R.N service visits for July or August in record.

MANUELA ZALES ADULT FOSTER HOME

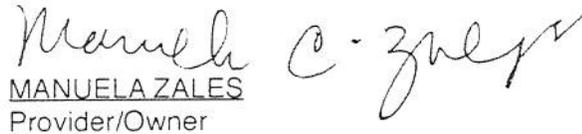
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happening again, I need to be more aggressive for clarification for this kind of confusion. Please refer to insert file regarding this matter.

52.(c)(6) Client#2 no R.N service visits for July or August in record.

Informed CM that no R.N service visits for July or August in record. Pick up at CM office for a copy and recorded. To prevent from happening again in the future, call CM office immediately to provide me a copy of R.N service visit right after every visit.

Sincerely,


MANUELA ZALES
Provider/Owner