

Foster Family Home - Corrective Action Report

Provider ID: 1-626038

Home Name: Mary Jane Lopez, CNA

Review ID: 1-626038-4

94-905 Kuhaulua Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/16/2015

End Date:

12/30/2015

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home survey performed for recertification of three client CCFFH 12/16/15. Corrective Action Report issued with all deficiencies to be addressed by 1/16/2016.

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)

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii)

3 Person Staffing

3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility,

Comment:

41.(3P)(a)(4)

Foster Family Home

Quality Assurance

[17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a)
No completed emergency plan in file.

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BY: *a*
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Foster Family Home

Records

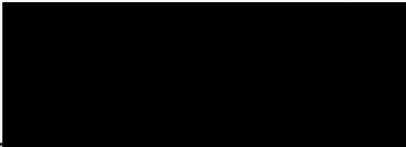
[17-1454-52]

52.(c)(6)

Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52.(c)(6)



Compliance Manager

Mary Jane S. Lopez

Primary Care Giver

12/17/2015
Date

12-17-2015
Date

Corrective Plan of Correction for Mary Jane Lopez Foster Home

December 26, 2015

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

7.1(a)(1) [REDACTED] Fingerprinting done on December 18, 2015. Result showed green light determination. This result will be kept in file at all times.

41 (b)(5)(C)(ii) [REDACTED]

[REDACTED] The home shall keep this TB Clearance Certificate copy in file at all times.

41.(3P)(a)(4) The home provided a copy of in home experience forms [REDACTED]
[REDACTED] These forms will be kept in file at all times.

48.1.(a) The home has already completed the emergency plan and was reviewed and signed [REDACTED] The home has kept a copy of this emergency plan in file.

52.(c)(6) The home contacted case management agency on December 16, 2015 to make an appointment for the re-delegation of the suction use for [REDACTED] Case Manager nurse [REDACTED] gave training on how to use the suction machine especially the correct suction rate. Will try to get a new suction machine [REDACTED] Case Management also provided a handout on how to operate the suction machine.

Caregiver Signature : Mary Jane G Lopez Date: 12-26-2015

Mary Jane G. Lopez
94-905 Kuhaulua St.
Waipahu, HI. 96797

