

Foster Family Home - Corrective Action Report

Provider ID: 1-563785

Home Name: Melany Raralio, CNA

Review ID: 1-563785-2

92-766 Palailai Street

Reviewer:

Kapolei

HI 96707

Begin Date: 6/24/2015

End Date: 7/09/15

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

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

Comment:

Home visit for a 2 person recertification review made on 6/24/15.
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/24/15.

6.(d)(1) - see applicable sections of the review

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 APS/CAN due on or before 03/18/13. Was completed on 05/13/14. CG#3 APS/CAN due on or before 04/17/13. Was completed on 05/13/14

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

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.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)CG#3 No record of negative T.B for 2013, 2014, 2015
41.(b)(8)CG#1 and CG#3 BBP lapse from 04/08/14 to 07/23/14. Current at time of recertification
41.(g)CG#2 no basic skills checklist

Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(5) client #1 Dr. order for _____ day. MAR reads _____
PRN
52.(c)(5) client #2 Dr. order for _____ every day. No medication present at time of recertification.

Completed Manager

Melany Raralio
Primary Care Giver

6/24/15

Date

6/24/15

Date

Sharon Edmondson

Melany Raralio
Thursday, July 09, 2015 2:33 PM
RE: corrective action report

7.1.(a)(2) CG#1 and CG#3 APS/CAN are current just completed late, place in calendar 30 days prior to being due to prevent it

4.1((b)(7) CG# 3 TB test was positive, TB screening for 2013, 2014, and 2015 weren't negative. Send CG#3 to doctor to get the a copy of [REDACTED] positive TB screening for 2013, 2014, and 2015 and used the right form. Make sure to use the right form next time to prevent from happening again.

4.1(b)(8) CG#1 and CG#3 BBP lapse from 04/08/14 to 07/23/14. Current at time of recertification. place in calendar 30 days prior to being due to prevent it.

41.(g) CG#2 basic skills check was completed on 07/03/15. Make sure to check if all necessary papers for SCG are all in file and let the case manager or the visiting nurse know for any missing documents.

52.(c)(5) Client #1 Brought client to the doctor to get a new Physicians order to PRN

day. Always notify the Case Agency if there's any or new physicians order so they can make necessary correction on MAR to prevent making mistakes.

52.(c)(5) Client #2 Brought client to the doctor to [REDACTED] daily and change to weekly. Always notify the case Agency if there's any changes on medication so they can make necessary correction on MAR, also to compare medications to MAR and verify the dose of right meds. to the right person at the right time via right route.

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