

Foster Family Home - Corrective Action Report

Provider ID: 1-120015

Home Name: Mona Nicolas, CNA

Review ID: 1-120015-5

94-174 Kupuna Loop

Reviewer:

Waipahu HI 96797

Begin Date: 11/16/2015

End Date:

11/24/15

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

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

Comment:

Home survey for recertification of three client CCFFH 11/16/15. Corrective Action Report issued with all requirements to be completed by 12/16/15.

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)

CG2: No proof of TB testing positive. Xray statement with no name on it.
HHM1: NO proof that ever tested positive.

Foster Family Home Medication and Nutrition [17-1454-46]

46.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, subchapter 15, HAR.

Comment:

46.(a)

CG3: Turned 21 two months ago and is listed as a caregiver for this CCFFH but has not received nursing delegations of either CMA 1 or CMA 2.

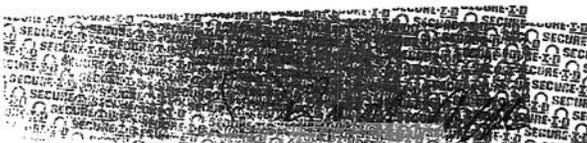
Foster Family Home Records [17-1454-52]

52.(c)(7) Expenditure records; and

Comment:

52.(c)(7)

Neither Client 1, 2 or 3 have Client Expenditure Records in files.



Compliance Manager

Mona D. Nicolas

Primary Care Giver

Date

11/16/15

Date

11-16-2015

11/24/2015
Mona's Foster Home
94-174 Kupuna Loop
Waipahu, HI 96797

Written Plan of Correction

The following changes have been made:

41.(f)(1)

CG2

Attached are the following:

- Copy of proof of POSITIVE TB test
- TB risk assessment & attestation screening form dated 11/16/2015

In order to prevent the deficiency from re-occurring in the future, I will make sure to check all paperwork for each CG and make sure that all forms and documents are physically present and up to date.

HHM1

Attached is the following:

- Copy of NEGATIVE TB test done last November 18, 2015

In order to prevent the deficiency from re-occurring in the future, I will create a filing system using a planner to file all "start date" and "expiration dates" for every type of TB test, APS, CAN, etc.

46.(a)

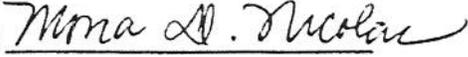
CG3 has been delegated by CMA 1 on 11/16/15 and CMA 2 on 11/18/15.

In order to prevent the deficiency from re-occurring in the future, I will make sure that if I add a substitute caregiver(s) in the future, I will have that person delegated immediately.

52.(c)(7)

Client 1, 2, and 3 have had Expenditure Records put in files on 11/24/15.

In order to prevent the deficiency from re-occurring in the future, I will make sure to keep and file all receipts of patient finances. I will also be sure to update the records on a monthly basis to reflect the amount of the client's current funds.

Signed: 

Mona D. Nicolas
PCG/Owner of Mona's Foster Home