

Foster Family Home - Corrective Action Report

Provider ID: 1-140041

Home Name: Maria Concepcion Ped, NA

Review ID: 1-140041-2

94-969 Awamoku Place

Reviewer:

Waipahu HI 96797

Begin Date: 6/17/2015

End Date: 7/15/15

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 6/16/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/16/15.

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

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) CG#3 has one fingerprint on file since 2010. Needs two.

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

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.(g) No basic skills check for CG#2, and CG#3

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) No RN delegation for CG #2, and #3 for client #1.

Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1) CG# 2, and 3 no liability insurance. CG#1 no liability insurance from 07/17/14 to 11/30/14

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Foster Family Home

Records

[17-1454-52]

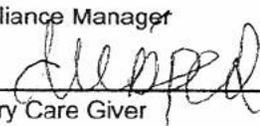
52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5)client #2 Dr. order for [REDACTED] as of 03/01/2015. Not on MAR

Compliance Manager

Primary Care Giver



6/16/15
Date

06/10/15
Date

Corrective Action Plan

- 7.a.1 CG#3 second fingerprint from 02-18-13 on file. Prepare ahead of time insuring criminal records checks are on file.
- 41.g CG#2 and CG#3 Basic skills on file. Have basic skills once caregivers are added as substitutes ahead.
- 43.c.3 CG#2 and CG#3 RN Delegations for client #1 on file. CG#2 and CG#3 should do the RN Delegations once they're added.
- 49.a.1 CG#2 and CG#3 added to liability insurance. Will add all new CG's to liability insurance when they added or removed.
- 52.c.5 Medication checklist on file. Make sure all the medications are listed on MAR.

duped
MARIA CONCEPCION PED
07-15-2015