

# Foster Family Home - Corrective Action Report

Provider ID: 1-628191

Home Name: Maritess Mercado, NA

Review ID: 1-628191-5

94-1085 Awanani Street

Reviewer:

Waipahu HI 96797

Begin Date: 8/14/2015

End Date: 9/01/2015

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

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

Comment:

Home visit for recertification for 2 client home made on 08/14/2015 with corrective action plan issued and due on 09/14/2015. See applicable sections in 6.(d)(1)

## 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 08/06/14, completed on 12/08/14. CG#2 APS/CAN due on or before 08/07/14, completed on 01/05/15. HHM#1 APS/CAN due on or before 08/06/14, completed on 12/08/14.

## 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.

Comment:

41.(b)(7)CG#1 T.B due on 10/07/13 completed on 12/30/14. CG#2 T.B due on 10/07/13 completed on 12/30/14. HHM#1 T.B due on 10/07/13 completed on 12/30/14.

41.(b)(8)CG#1 Lapse in CPR and First Aid, and Blood Born Pathogens from 5/23/14-11/02/14. CG#2 Lapse in CPR and First Aid from 5/23/15-08/10/15. CG#2 lapse in Blood Born Pathogens from 5/23/14-11/02/14

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

46.(d)(1) By order of a physician;

Comment:

46.(d)(1) Service plan for client#1 communicated Safety belt prn. No Dr's order.

## Foster Family Home Physical Environment [17-1454-48]

48.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

48.(a)(1) light in bathroom without cover with exposed insulation type material.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[17-1454-52]

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

Comment:

52.(c)(5) Dr. order, and MAR for Client#1 for [REDACTED]. Label on medication bottle for [REDACTED]  
BID prn

Compliance Manager

*Maritess D. Mercado*

Primary Care Giver

8/14/15  
Date

8/14/15  
Date

7.1(a)(2) CG#1 APS/CAN due on or before 08/06/2014, completed on 12/08/2014. Will mark the calendar for the next due (on or before) in order to remember. CG#2 APS/CAN due on or before 08/07/2014, completed on 01/15/15. will mark the calendar for the next due (on or before) in order to remember. HHM#1 APS/CAN due on or before 08/06/14, completed on 12/08/14. Will mark the calendar for the next due (on or before) in order to remember.

41.(b)(7) CG#1 TB test due on 10/07/13, completed on 12/30/14. Will mark the calendar for the next due (on or before) in order to remember. CG#2 TB test due on 10/07/13, completed 12/30/14. Will mark the calendar for the next due (on or before) in order to remember. HHM#1 TB test due on 10/07/13, completed 12/30/14. Will mark the calendar for the next due (on or before) in order to remember

41.(b)(8) CG#1 Bloodborne Pathogen due on 11/2/2015 but completed on 8/10/15 to 8/10/16 CG#2 Lapse in CPR and First Aid 5/23/2013-5/23/2015. Completed CPR and First Aid on 8/10/15 to 8/10/17. Bloodborne Pathogen due on 11/02/15 but completed 8/10/2015 to 8/10/16. I will make sure to mark the calendar to renew all of these on or before the due date.

46.(d)(1) Received doctor's order for safety belt. compare all Dr.'s order to service plan/MAR

48.(a)(1) installed light cover in bathroom. will make sure to cover all exposed insulation type materials.

52.(c)(5) Received doctor's order for  Match label on medication bottle

signed by:

Maritess O. Mercado date: 08/20/2015