

Foster Family Home - Corrective Action Report

Provider ID: 4-120050			
Home Name: Samuel Bumatay, CNA	Review ID: 4-120050-5		
448 North Wakea Avenue	Reviewer:		
Kahului HI 96732	Begin Date: 1/28/2015	End Date: 2/13/15	

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

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

Comment:

Home visit done on 1/28/15 for a recertification from 2 bedroom to 3 bedroom home. Corrective action plan issued via email on 2/6/15 and documents due to CTA by 2/20/15.

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. APS/CAN check lapsed for the following two caregivers: CG #5 done 8/19/14 and due 8/14/14; and CG #6 done 8/23/14 and due 8/15/14.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.b.5. CG #5 has driver's license but not on vehicle policy and no alternate transportation plan form in file.

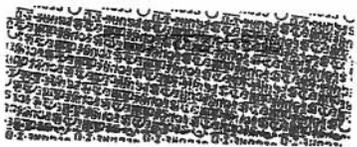
41.c. No Annual training hours found for CG #7 for 2014. 2015 Training hours in file.

3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.3P.b.2. No completed sign out sheet found in home. No record of the hours PCG have left the home.



Foster Family Home - Corrective Action Report

Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45a. No fire drills after 7/13/14 on file.

3 Person Fire Safety, 3 Person Fire Safety [17-1454-45] (3P)
Natural Disaster

45.(3P)(b)(1) shall be conducted monthly

45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.3P.b.1. No fire drills after 07/13/14.

45.3P.b.6. Besides CG #1 and #2, no other SCG found conducting fire drill.

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. CCFH Substitute and Adult Household Member Training form dated 8/17/14 was attached to the home's emergency policies and procedures had acknowledgment and signatures of all household CGs except for CG #7.

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

49.(a)(1) General;

Comment:

49.a.1. CG #5 not on liability insurance.

Foster Family Home Records [17-1454-52]

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

Comment:

52.c.5. Client #1 MD order dated to start not found on MAR. No discontinued MD orders found in chart.

52.c.5. Client #2 No MD orders found in chart. Only medication list from Long Term Service Support Assessment Tool with no MD signature.

Client #1 MD orders from states as needed is not on the MAR.

Client #1 PRN for noted on MAR; on Rx Label noted



Samuel Bumatay
Compliance Manager
Primary Care Giver

2/9/15 2/9/15
Date

2/9/15
Date

2-13-15

SAMUEL BUMATAY

CCFF4.

448 N. WAKEA AVE.

KAHULUI HI, 96732

WRITTEN PLAN OF CORRECTION:

7-1.(a)(2) WE APOLOGIZE FOR THE LAPS PERIOD OF THE TWO CAREGIVER #5 & 6 FOR WE ARE NOT AWARE OF THIS DISCREPANCIES. IN THE FUTURE WE WILL MAKE SURE THAT THERE WILL BE NOT LAPSE IN BETWEEN.

41.b.5 CG#5

CARE GIVER #5 IS PROVIDED AN ALTERNATE TRANSPORTATION PLAN BY CALLING HANDY VAN. SEE ATTACHMENT ON FILE.

41.c.

CARE GIVER #7 2014 ANNUAL TRAINING. THE 2014 ANNUAL TRAINING FOR C.G. #7 IS ALREADY PROVIDED AND ITS ON FILE.

41.3P.b.2

NO SIGN OUT SHEET FOUND IN HOME. WE MUST HAVE BEEN CONFUSED ABOUT THIS. ALL WE KNOW IS THAT SIGN OUT SHEETS ARE ONLY REQUIRED FOR THREE CLIENT OR THREE BED EXISTING. SO FAR WE HAVE ONLY TWO CLIENTS APPROVE. FROM NOW ON WE WILL HAVE SIGN OUT SHEET ON FILE.

45. a. FIRE DRILLS

FIRE DRILLS ARE ALREADY UPDATED ON FILE. FROM NOW WE WILL MAKE SURE THAT FIRE DRILL WILL BE CONDUCTED MONTHLY.

45 3p-b.6 SGG FIRE DRILL

FROM NOW ON WE WILL INCLUDE AND ASSIGN DIFFERENT CAREGIVER TO CONDUCT FIRE DRILL.

48-1(a) EMERGENCY POLICY ACKNOWLEDGEMENT

CAREGIVER # 7 HAS ALREADY SIGNED AND IT IS ON FILE.

49-a-1 LIABILITY INSURANCE

CAREGIVER #5 IS ALREADY ADD ON IN LIABILITY INSURANCE ON FILE.

52.C.5 MEDICATION SCHEDULE CHECKLIST

CLIENT #1

() THIS MEDICATION IS ALREADY DISCONTINUED DATED SEE ATTACHMENT BEFORE AND AFTER DISCHARGE. IS DISCONTINUED /PRN IS CONTINUED.

SEE DOCTORS ORDER.

52.C.5

MD ORDERS

CLIENT

MD ORDERS IN CHART IS ALREADY UPDATED AND SIGNED. SEE ATTACHMENT.

2

THANK YOU FOR YOUR KIND CONSIDERATION.
SINCERELY,

Samuel Dumalay
Samuel Dumalay

