

Foster Family Home - Corrective Action Report

Provider ID: 1-100063

Home Name: Simplicia Ventura, CNA

94-1122 Hoomakoa Street

Waipahu HI 96797

Review ID: 1-100063-3

Reviewer:

Begin Date: 5/1/2015

End Date: 6/10/2015

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

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

Comment:

Home visit made on 5/1/2015 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/1/2015.

6 (d)(1) see applicable sections of this review.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(a)(3)CG#5 experience record not present.

41.(b)(4) CG#5 Disclosure Form not present.

41.(e)CG#2 and CG#5 Approval Form not present during today's review.

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

46.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

46.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

46.(d)(3) Client #1 and #2 do not have side rail orders present.

46.(e)The home did not have training record present for receive training record present for

regarding Client #1. The home did not regarding client #2.


Compliance Manager


Primary Care Giver

5/1/2015
Date

5-1-2015
Date

Plan of Correction

May 29, 2015

The statement made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all State regulations, the CCFFH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitute the CCFFHs allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

[17-1454-41]

41. (a)(3) CG#5 Experience not present.

The home provides copy experience record. The home will ensure that copies of future care giver experience record will be place in the binder for easy access and reference.

41. (b)(4) CG#5 Discloser form not present.

I obtained disclosure form and had caregiver fill up forms. I will keep up with obtaining disclosure form from future caregivers and file them in appropriate section binder.

41. (e) CG#2 and CG#5 Approval forms not present during review.

Approval forms for above caregiver located in binder. I will make sure that approval forms are kept in correct section binder for easy access.

46. (e) Caregiver requested training and obtained proof of training from licensed nurse proof of training will be filed in clients chart. Training will be update in accordance of CTA requirements.

46. (d)(3) Side Rail order obtained. I will make sure that proper Doctor Orders are obtained and filed in clients chart.

46. (e) Obtained training record for Client #1 . I also
obtained training record for Client #2. I will keep up with
updating and keeping and obtaining training records for current and future skills.

[17-1454-46]


SIMPLICIA L. VENTURA
94-1122 HOOMAKOA ST.
WAIPAHU, HI 96797

DATE: May 29, 2015