

Foster Family Home - Corrective Action Report

Provider ID: 1-090109

Home Name: Tessie Domingo, CNA

94-1064 Lumi St.

Waipahu HI 96797

Review ID: 1-090109-4

Reviewer: [REDACTED]

Begin Date: 9/21/2015

End Date: 9/28/15

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

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

Comment:

Recertification appointment for 2 client home on 09/21/2015. Corrective action plan issued during visit and due on 10/21/15. See applicable sections 6.(d)(1)

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;

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)(1) CG#2 state name check due by 7/13/15 completed on 9/5/15

7.1.(a)(2) CG#2 APS/CAN due by 7/13/14 completed on 8/12/14.

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5) No confidentiality/ privacy training for CG#3, and CG#4.

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#2 T.B testing due by 6/16/15 completed on 9/16/15.

41.(b)(8) CG#1 lapse in Blood born pathogens from 4/12/14-8/01/14 current at time of recertification. CG#2 lapse in Blood born pathogens from 4/12/14-8/01/14, and 08/01/15-09/01/15 current at time of recertification

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Foster Family Home

Records

[17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

Comment:

52.(c)(2) Client#1 Service plan shows side rails up while in bed. No Dr's order for side rails. Caregiver communicated client no longer uses them.

52.(c)(5) Client#1 Dr's order for [REDACTED] /2 tab at bedtime pm. Medication not on MAR and no medication available during recertification.


Compliance Manager

9/21/15
Date

Tessie Donye
Primary Care Giver

9/21/15
Date

September 27, 2015

Tessie Domingo Foster Home LLC

Corrective Action Plan

- 7.1.(a)(1) CG#2 – State name check late but current. Put a reminder on a calendar a month before due.
- 7.1.(a)(2) CG#2 – APS/CAN late but current. Put a reminder on a calendar a month before due.
- 13.1.(b)(5) CG#3 and CG#4 – Confidentiality/privacy training signed. Make sure all paper works are signed by the caregivers and are current.
- 41.(b)(7) CG#2 – TB test late but current. Put a reminder on a calendar a month before due date.
- 41.(b)(8) CG#1 and CG#2 – Blood borne pathogens late but current. Put a reminder on a calendar a month before due.
- 52.(c)(2) Client#1 – Corrected service plan done. Make sure everything matches from doctors order to service plan.
- 52(c)(5) Client#1 – Called doctors office about the [REDACTED] Discontinued medication was faxed.
Make sure MAR and doctors orders matches and everything is current.

Electronically signed:
Tessie Domingo