

Foster Family Home - Corrective Action Report

Provider ID: 1-562555

Home Name: Josephine Bio, CNA

91-1104 Hanakahi Street

Ewa Beach HI 96706

Review ID: 1-562555-4

Reviewer:

Begin Date: 11/18/2015

End Date:

1/29/16

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

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

Comment:

Recertification visit for 3 client home on 11/18/15. Corrective action report issued during recertification visit. Due to CTA on 12/18/15. See applicable sections 6.(d)(1)

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) CG [redacted] and CG [redacted] no confidentiality/ privacy training in record during review

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.

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(b)(7) CG [redacted] TB test due on or before 2/27/15 completed on 3/23/15. CG# [redacted] TB test due on or before 3/10/15 completed on 5/11/15. CG# [redacted] TB test due on or before 3/10/15 completed on 3/30/15

41.(b)(8) CG [redacted] lapse in blood born pathogens form 06/20/14-09/01/14

41.(h) CG [redacted] did not report removal of CG [redacted] until recertification appointment on 11/18/15

Foster Family Home Records [17-1454-52]

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52.(c)(6) Client [redacted] Service plan says to check B/P every day before administering weekly

B/P being checked only

[Redacted Signature]

Primary Care Giver

11/18/15
Date

11/18/15
Date

Corrective Action Plan

Josephine C. Bio

CCFFH

December 11, 2015

1) 13.1.b.5: Caregivers [REDACTED] and # [REDACTED] signed it on 11/20/2015. To prevent this from happening in the future, let the caregivers sign the privacy training of CCFFH confidentiality/ practices forms right away.

2) 41.b.7 Caregivers [REDACTED] T.B tests are current for 2015 but it was done after the expiration dates. To prevent this from happening in the future is to put on the calendar 30 days before the due dates of each individual for T.B testing.

4) 41.h caregiver [REDACTED] wasn't able to report right away the removal of CG [REDACTED] before the recertification appointment. To prevent this from happening in the future, make sure to report right away to CTA any removal or adding of any secondary caregivers in the adult foster home.

1) 41.b.8: Caregiver [REDACTED] is current but there was a lapse of the deadline. To prevent this from happening again in the future is to be sure to put it on calendar 30 days before the expiration dates.

2) 52.c.6: Follow service plan of client [REDACTED] Taking blood pressure weekly and daily before administering [REDACTED] . Take blood pressure reading first upon waking up in the morning then take [REDACTED] . Follow it right away.

Thank you very much Ma'am [REDACTED] . I beg to remain.

Very truly yours,

Josephine Bio Foster Home