

Foster Family Home - Corrective Action Report

Provider ID: 1-512401

Home Name: Margie Agliam, CNA

Review ID: 1-512401-3

94-1496 Kahualoa Street

Reviewer:

Waipahu HI 96797

Begin Date: 5/7/2015

End Date:

6/25/15

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 5/7/15 for a 3 bed recertification survey. Corrective Action Report issued during visit with a corrective action plan due to CTA by 6/7/15.

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 CAN checks were due for the first time in 2013 with a second CAN check due within 365 days of the first one. All HHM and all CG second checks were due on/before 2/3/14 and were done 4/29/14.

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

13.1.(b)(3) Inform clients about their confidentiality practices;

13.1.(c) Information about an applicant or recipient shall not be used or disclosed unless;

13.1.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

13.1.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

13.1.b.3 No forms present to indicate client [REDACTED] was informed of confidentiality practices.

13.1.c.1-2 No consent/disclosure form present for client [REDACTED].

Foster Family Home Grievance [17-1454-44.1]

44.1. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of human services. The home shall:

44.1.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

44.1.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

44.1.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

44.1.1-3 No information present to indicate client [REDACTED] was informed of Grievance policy and procedures.

Foster Family Home - Corrective Action Report

Foster Family Home

Medication and Nutrition

[17-1454-46]

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.e No information present in Client [redacted] record to indicate training for

Foster Family Home

Client Rights

[17-1454-50]

50.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

50.a No information present to indicate client [redacted] was informed or received a copy of client rights.

Foster Family Home

Records

[17-1454-52]

52.(c)(1) Client's vital information;

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

52.(c)(4) Client's emergency management procedures;

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

Comment:

52.c.1 Code status is not indicated on client's face sheet (vital information sheet) for client [redacted] and client [redacted]

52.c.2 Client [redacted] service plan says CPR but the POLST and face sheet indicate DNR status. [redacted] is ordered twice daily, no information found on service plan regarding

52.c.4 Client [redacted] client specific emergency procedures are blank.

52.c.5 There were some medication discrepancies
Client [redacted] order and RX label said [redacted], the MAR indicates [redacted]; [redacted] r. the MAR reads [redacted] and should read [redacted]

Client [redacted] bottle and order said [redacted], the MAR states [redacted]

Compliance Manager

Primary Care Giver

Date

Date

5/17/15

5/17/15

Written Plan of Correction

June 19, 2015

The statements made on this plan of correction constitutes the CCFFH's that alleged deficiencies cited have been corrected by the dates indicated are as follows:

17-1454-7.1a(2) The home CAN follows per annual period for the beginning of 2013 on 2/3/14 second check done on 4/29/14 for all PCG, SCG's and household members. It is on file in the home personnel records. Therefore to be in compliance I will obtain another CAN on before 4/29/16 for all PCG/ SCG's and household members. The home will utilize a computer program to track when personnel requirements are due to prevent any requirement from expiring in the future.

.17-1454-13.1.b.3 The home contacted case management agency on May 7, 2015. The case manager came to the house on May 7, 2015 and gave a copy to be filled on client [REDACTED] for Information Confidentiality and 13.1.c.1-2 Consent Disclosure forms was reviewed and discuss to the clients presents. Therefore the home will provide a list of all requirements needed upon admitting the client to our homes to avoid missing documents for the client in the future.

17-1454-44.1.1-3 The home was given a copy from the case management agency for Grievance policy and procedures to client [REDACTED] on May 7, 2015. The home will keep a copy of the signature page in all client records. The home will utilize a computer program to track all clients requirements upon admitting a client in order not to missed any clients documents in the future.

17-1454-46.e The home contacted case management agency provide a copy to the home regarding on guidelines for [REDACTED] ; and signed per each primary and substitute caregivers for client [REDACTED] Forms on file. Upon admitting a new clients make sure th home will discuss to our RN case manager to have RN delegation before he or she will live in order to be in compliance with the rules and regulation for the future.

17-1454-50.a The case management agency provide a copy of the home for client [REDACTED] for Clients Rights attached and made copies put client chart to be given upon request for the public and legal representatives. Make sure the home will check all the client compliance before the case manager will live to avoid missing documents in the future.

17-1454-52.c.1 The home was given an updated face sheet indicating code status on client [REDACTED] and client [REDACTED] on May 7, 2015 from case management agencies. The home will provide a list for all documents from case manager to avoid missing documents and make sure to review before they live in order to be in compliance in the future.

17-1454-52.c.2 The home was contacted client [REDACTED] case management agency. The case manager came to the house on May 7, 2015 to performed an in- service for all caregivers regarding client service plan. To ensure all caregivers understand the service to be provided to the client. DNR AND POLST corrected and changed see attached and service plan updated. 52.c.4 was also completed and obtain copy on client chart, 52.c.5 was corrected and change medication log. For client [REDACTED]

[REDACTED] and on [REDACTED] was prescribe by [REDACTED] for [REDACTED] as needed see attached MD order. Therefore the home will provide a computer to file all the clients compliance and to be reviewed by the RN case manager every month and to be corrected whatever misspelled or missing documents for the future . Make sure the home will review and discuss to the PCP primary care provider for all medication list every time we bring them to their appointment to avoid error from medication log for the future.

[REDACTED]
Signed: Margie Agliam 6/19/15
94-1496 Kahualoa St.
Waipahu, HI. 96797