

Foster Family Home - Corrective Action Report

Provider ID: 1-511362

Home Name: Milagrina Lim, CNA

Review ID: 1-511362-4

94-682 Kamalo Street

Reviewer:

Waipahu

HI 96797

Begin Date: 12/4/2015

End Date: 1/13/16

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

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

Comment:

Home visit for a 2 person recertification review made on 12/04/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 1/04/16.

6.(d)(1) - see applicable sections of the review

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 [REDACTED] only one set of finger prints from 2013 on record. Needs 2 to be in compliance.

7.1.(a)(2) CG [REDACTED] and CG [REDACTED] APS/ CAN completed on 09/29/14 to be in compliance due by 3/15/14. CG [REDACTED] APS/ CAN completed on 09/30/14 to be in compliance due by 3/15/14.

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

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.(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)(4) CG [REDACTED] no disclosure form in record.

41.(b)(7) CG [REDACTED] TB test completed on 7/11/15, due by 2/11/15 to be in compliance.

41.(b)(8) CG [REDACTED] lapse in BBP from 7/25/15-11/01/15, CG [REDACTED] lapse in BBP from 2/19/15-11/01/15.

41.(b)(8) CG [REDACTED] lapse in first aid 9/29/14-1/23/15.

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) No RN delegation or skills checklist for CG [REDACTED] and CG [REDACTED]

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Insurance Requirements

[17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1) CG [redacted] and CG [redacted] no liability insurance

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;

Comment:

52.(c)(2) Client [redacted] no signatures or dates on service plan.

Compliance Manager

Primary Care Giver

12/04/15
Date

12/4/15
Date

Attn :

(14 pages)

Milagrina Lim

December 29, 2015

Corrective Action Plan

7.1.(a)(1) CG [redacted] Fingerprints completed on 12/10/15. Will make sure not to remove from record.

7.1.(a)(2) CG [redacted] APS/CAN done late, but current. Will put on calendar 60 days before due date to prevent from being late.

41.(b)(4) CG [redacted] completed disclosure form on 12/4/15. CG [redacted] completed disclosure form on 11/20/15. Will make sure not to remove from record.

41.(b)(7) CG [redacted] T.B. test done late, but current. Will put on calendar 30 days before due date to prevent from being late.

41.(b)(8) CG [redacted] -BBP done late, but current. Will put on calendar 60 days before due date to prevent from being late.

41.(b)(8) CG [redacted] First aid done late, but current. Will put on calendar 60 days before due date to prevent from being late.

43.(c)(3) CG [redacted] -RN delegation and skills checklist documents completed on 12/4/15. Will add item to my own new substitute caregiver checklist and store it in binder.

49.(a)(1) CG [redacted] Completed addition of CG [redacted] and [redacted] to liability insurance on 12/29/15. Will add item to my own new substitute caregiver checklist and store it in binder.

52.(c)(2) Client [redacted] Service plan signed and dated on 12/29/15. Will note in binder to have service plan immediately signed and dated once completed.

[Redacted signature area]

Milagrina P. Lim

12/29/2015

Sign

Print

Date