

Foster Family Home - Corrective Action Report

Provider ID: 1-100089

Home Name: Severino Fernandez, CNA

94-1038 Hahana Street

Waipahu HI 96797

Review ID: 1-100089-2

Reviewer:

Begin Date: 12/11/2015

End Date: 12/11/2015

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

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

Comment:

Home survey conducted for two recertification of two client COFFH 12/11/2015. Corrective Action Report issued with all requirements to be met by 1/11/2016.

Foster Family Home Client Account [17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47.(a) No personal expense records are being kept for client [REDACTED]

Foster Family Home Records [17-1454-52]

52.(b)(1) Permit effective professional review by the case management agency, and the department; and

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

52.(c)(8) Personal inventory.

Comment:

52.(c)(1) Client 1: Medicaid information on vital information sheet is blank.

52.(c)(8) Client 1: No personal inventory filled out in file.

52.(b)(1) Client 2: No delegation record for [REDACTED] ; Order is present from [REDACTED] , but records show it was discontinued although there is no order.

Compliance Manager

Primary Care Giver

12/11/15
Date

2/3/16
Date

09.10.2014 08:59 AM

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February 3, 2016

17-1454-47. (a) The home does not keep a Personal Expense Record for client [REDACTED]. The [REDACTED] does the maintaining of client [REDACTED]'s personal expense record. The home will ensure that all clients admitted in the future shall have a Personal Expense Record form in their file indicating his\her financial accounting of funds. Attached is a copy of client [REDACTED] personal expense record signed by [REDACTED].

17-1454-52. (c) (1) The home contacted client [REDACTED]'s case management agency on December 17, 2015. The case management staff faxed an updated Vital Information containing the Medicaid information on client [REDACTED]. The home will ensure that all clients admitted in the future have a completely filled out vital information in their record. Attached is a copy of client [REDACTED] Vital Information form.

14-1454-52. (c) (8) The home shall maintain a Personal Belongings Inventory List for client [REDACTED] in his file. The home will ensure that all clients admitted in the future shall have a Personal Belongings Inventory List that he\she or his\her representative and home will inventory and signed on the day of admission and the home shall update as items are added or removed. Attached is a copy of client [REDACTED] Personal Belongings Inventory List that the home and client's legal representative signed.

17-1454-52. (b) (1) The home contacted client [REDACTED] case management agency and arranged for CG [REDACTED] and CG [REDACTED] to go to their office for nursing delegation. The home will ensure that all CG(s) are at the house for nursing delegation when a client is admitted. Attached is a copy of the nursing delegation of CG [REDACTED] and CG5 for client [REDACTED].

The home contacted client [REDACTED] primary care physician on December 21, 2015. Informed the office staff that there is no indication of client [REDACTED] discontinuation of his medication. According to the office staff, client [REDACTED] record does state the doctor discontinued the use of [REDACTED] on [REDACTED]. It was discovered that only 3 pages of 4 of doctor's notes was given to client [REDACTED] copy for [REDACTED] file in the home. The missing last page of the doctor's medical notes contained the discontinuation of the medication. The home shall ensure that medical records are complete before filing in the client's chart. Attached is a copy of client [REDACTED] doctor's notes of the discontinuation of medication.

[REDACTED]
Severino Fernandez / 2/3/2016
94-1038 Hahaione Street
Waipahu, HI 96797