

Foster Family Home - Corrective Action Report

Provider ID: 1-120069

Home Name: Shervi Ragasa, RN

Review ID: 1-120069-4

91-1363 Wahane Street

Reviewer:

Kapolei HI 96707

Begin Date: 6/24/2015

End Date: 7/4/2015

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

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

Comment:

6.(d)(1) Home visit made on 6/24/2015 for a 2-bed change to 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 7/24/2015.

6 (d)(1) see applicable sections of this review.

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) The Home did not have documentations of Confidentiality/Privacy Training present for CG [REDACTED] and [REDACTED]

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) CG [REDACTED] did not have an Alternative Transportation Plan approved by CTA present.

Foster Family Home Physical Environment [17-1454-48]

48.(e) The home shall have policies regarding smoking on the property that:

Comment:

48.(e)The Home did not have smoking policy present.

Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) The Home did not have an Emergency Preparedness Plan present.

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Foster Family Home **Fiscal Requirements** **[17-1454-49.1]**

49.1.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

49.1.(a) The Home started the Budget Form but incomplete without total for income and expenses.

Foster Family Home **Client Rights** **[17-1454-50]**

50.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

50.(b)(15) The Home did not have a Visiting Hours policy present.

Foster Family Home **Records** **[17-1454-52]**

52.(a)(3) A list of applicable community resources.

Comment:

52.(a)(3) The Home did not have a list of applicable community resources present.

Compliance Officer

Primary Care Giver

6/24/2015
Date

6/24/2015
Date

Plan of Correction

July 1, 2015

17-1454-13.1.(b)(5) The home now have Confidentiality and Privacy Training for CG [REDACTED] It is kept in the CCFFH file. Not to happen again in the future.

17-1454-41.(b)(5) The home submitted an Alternate Transportation Plan for CG [REDACTED] on 06/26/15. Not to happen again in the future.

17-1454-48.(e) The home now have a Smoking Policy. It is filed in the client's chart. Not to happen again in the future.

17-1454-48.1.(a) The home now have Emergency Preparedness Plan reviewed and signed by PCG and SCGs. It is kept in the CCFFH file. Not to happen again in the future.

17-1454-49.1.(a) The home has completed the Monthly Budget Form with total for income and expenses. Not to happen again in the future.

17-1454-50.(b)(15) The home now have Visiting Hours Policy. It is filed in the client's chart. Not to happen again in the future.

17-1454-52.(a)(3) The home now have The Senior Information & Assistance Handbook available. Not to happen again in the future.

[REDACTED] 7/01/15
SHERVI B. RAGASA, RN
91-1363 WAHANE ST.
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