

Foster Family Home - Corrective Action Report

Provider ID: 1-620832

Home Name: Carmelita Makolo, CNA

Review ID: 1-620832-4

94-168 Kupuna Loop

Reviewer:

Waipahu HI 96797

Begin Date: 12/14/2015

End Date: 2/11/16

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

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

Comment:

Home survey for recertification of three client CCFH [REDACTED] Corrective Action Report issued with all requirements to be met [REDACTED]

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)
No fingerprints in file for cg [REDACTED]

7.1.(a)(2)
CG [REDACTED], CG [REDACTED], CG [REDACTED] APS/CAN in file [REDACTED]

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)
No confidentiality training in file.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(5)(C)(ii)
CG [REDACTED] Last Tb screening in file [REDACTED]

41.(e)
CG [REDACTED] No caregiver approval form in file.
A Caregiver that is no longer being used must be removed.

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3 Person Staffing

3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility,

Comment:

41.(3P)(a)(4)
CG █ CG █ CG █ CG █: No job experience forms in file.

Foster Family Home

Grievance

[17-1454-44.1]

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

Comment:

44.1.(2)
Client █ P&P states copy of grievance will be present in file but is not in file.

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)
Client █ No expense log in file. Client █: No expense log in file.

Foster Family Home

Physical Environment

[17-1454-48]

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

48.(e)(1) Prohibit smoking in enclosed living and recreational areas used by clients; and

48.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

48.(e).(1).(2):
No smoking policy in file.

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.

49.1.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

49.1.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

49.1.(a),(b)(c):
Budget █ shows a \$2000 deficit each month. Budget █ shows more than \$2000 deficit each month.

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Foster Family Home

Client Rights

[17-1454-50]

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

Comment:

50.(b)(15)
No Visiting Hour policy present.

Foster Family Home

Records

[17-1454-52]

52.(b)(2) Provide information for necessary follow-up care for the client.

52.(c)(8) Personal inventory.

Comment:

52.(c)(8)

Client ■: No personal inventory.

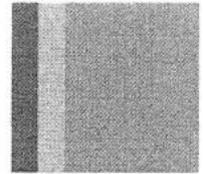
52.(b)(2)

Client ■: Client's special diet requirements are not on service plan. Service plan does not state special food and drink requirements, only to record food intake.

CG ■ cannot state indicators for when to phone the physician, as instructed by physician ■

Caregiver ■ cannot state the special diet requirements for Client ■, as instructed by physician on ■

CORECTIVE ACTION PLAN



Background Checks [17-1454-7.1]

Cg ■ fingerprint on file put inside Cg ■ folder.

Cg ■, Cg ■, Cg ■: APS/CAN Updated and put into appropriate files.

Information Confidentiality [17-1454-13.1]

Information printed and put in the folder.

Personnel and Staffing [17-1454-4.1]

Cg ■ TB screening updated and on file.

CG ■ found approval form and put on file.

3 Person Staffing Requirements [17-1454-41] (3P)

CG ■, CG ■, CG ■, CG ■: Job experience form is fill out and put on file.

Grievance [17-1454-44.1]

Client ■ P&P copy is on front of client folder.

Client Account [17-1454-47]

Client ■ is entitle to their own money form has been fill out and put into client's folder.

Client ■ is entitle to their own money form has been fill out and put into client's folder.

Physical Environment [17-1454-48]

All policies have been print out and put into the folder.

RECEIVED
FEB 04 2016
BY: 



Fiscal Requirements [17-1454-49.1]

I have put into the folder all of my Bank Statements.

Clients Rights [17-1454-50]

Printed the forms of Visiting Hours Policy and put in the files.

Records [17-1454-52]

Client ■ Personal inventory form updated and put in file.

CG ■ will read After Visit Summary of Client ■ every Chemotherapy session. To be aware at all times.

If you have additional Question, please contact me.

Will check calander every month for all items missed this time.