

Foster Family Home - Corrective Action Report

Provider ID: 1-090100

Home Name: Fely Barayuga, CNA

Review ID: 1-090100-5

1808 Beckley Street

Reviewer:

Honolulu

HI 96819

Begin Date: 5/4/2016

End Date: 6/20/2016

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 [REDACTED] for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA [REDACTED]

6 (d)(1) see applicable sections of this 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;

Comment:

7.1.(a)(1) HHM [REDACTED] Has 1st set of fingerprinting done [REDACTED] but 2nd set of fingerprinting not present in the home.

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

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.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) CG [REDACTED] TB Screening done [REDACTED] but no proof of [REDACTED] skin test and [REDACTED] chest x-ray. CG [REDACTED] TB Screening done [REDACTED] but no proof of positive skin test and negative chest x-ray.

41.(f)(1) HHM [REDACTED] TB Screening done [REDACTED] but no proof of positive skin test and negative chest x-ray. HHM [REDACTED] Completed TB skin test [REDACTED] with negative result and no current TB skin test result in the home except TB Screening done [REDACTED]

41.(b)(8) CG [REDACTED] CPR and 1st Aid expired [REDACTED] and renewed [REDACTED] with 13 days lapse.

Foster Family Home Medication and Nutrition [17-1454-46]

46.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

46.(c) Client [REDACTED] medication side effects not present in the home/record.

Written Plan of Corrections

7.1.(a)(1) HHM [redacted] The 2nd set of fingerprinting [redacted] re-located and filed in the personnel file. The Home will make sure that it remains in the home binder at all times so this will not happen again in the future. [redacted]

41.(b)(7) CG [redacted] now has proof of [redacted] skin test done [redacted] and [redacted] chest x-ray done [redacted]. CG [redacted] now has proof of [redacted] skin test and [redacted] chest x-ray done on [redacted]. The home will make sure that both documents will be kept in the personnel record in the Home binder at all times so this will not happen again in the future. [redacted]

41.(f)(1) HHM [redacted] - the home re-located the result of the [redacted] skin test [redacted] and [redacted] chest x-ray [redacted]; the home will make sure that these records will be filed in the home binder at all times. HHM [redacted] completed TB skin test [redacted] and will do the TB skin test annually so this will not happen again in the future [redacted]

41.(b)(8) CG [redacted] - CPR and 1st Aid will not lapse in the future because the home has created a computer program to monitor expiration dates so this will not happen again in the future.

46.(c) Client [redacted] - Medication side effects information re-located and filed on the client's binder at all times. The home will work with the case managers to make sure that all clients have medication side effects information so this will not happen again in the future.

[redacted]