

Foster Family Home - Corrective Action Report

Provider ID: 1-563123

Home Name: Jolly Orozco, CNA

Review ID: 1-563123-5

94-1022 Kaloli Loop

Reviewer:

Waipahu

HI 96797

Begin Date: 12/16/2015

End Date:

12/20/15

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

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

Comment:

Home survey performed for recertification of three client CCFFH [REDACTED] Corrective Action Report issued with all deficiencies to be addressed [REDACTED] Corrective Action Plan received. Home will be recertified for one year for three clients.

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

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

Comment:

41.(b)(5)(C)(ii)
No proof of positive TB test for CG 3.

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)
No job experience forms in file for CG2 and CG5.

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 1: No Personal Expense form in file.

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Physical Environment

[17-1454-48]

48.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.(b)(3) CG1 [redacted] is not using them.

48.(c)(3) No lighting in most of the "living room area" for the clients. A ceiling fan is dangling by exposed wires in client's "living room area".

Foster Family Home

Records

[17-1454-52]

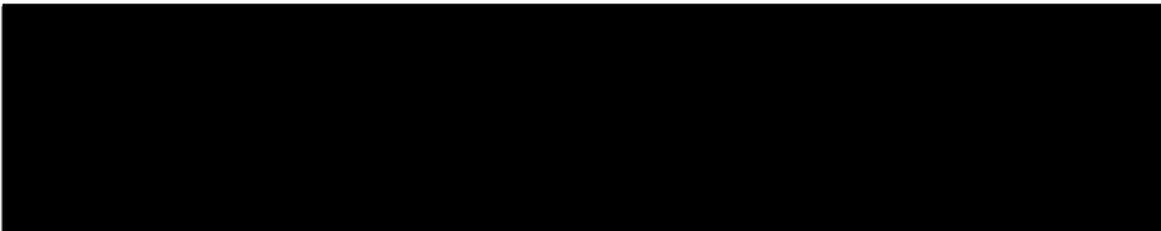
52.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

52.(c)(5) Medication schedule checklist:

Comment:

52.(c)(5) [redacted]

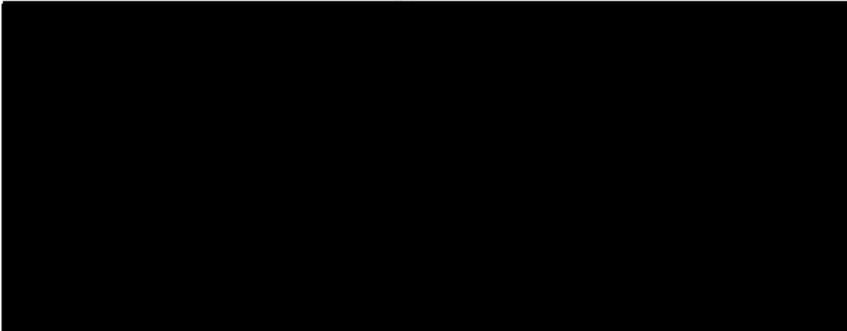
52.(c) Client 1: No [redacted] Nursing Visiting Record.



WRITTEN PLAN OF CORRECTION

41. (b)(5)(c)(ii) CG #3 relocated + TB skin binder permanently so this will not happen again in the future.
41. (3P)(a)(4) CG #2 and CG #5, now have job experience form found in the home binder permanently so this will not happen again in the future.
47. (a) Client #1 now has personal expense form in the client chart binder. This will not happen again because the form remain in the binder at all times.
- 48 (b)(3) Baby monitors are now turn ON 24/7 since CG1 resides upstairs. So this will not happen again in the future.
- 48 (c)(3) The living room area has now lighting for the client and the ceiling fan is repaired and no dangling wires exposed. This will not happen again in the future because the home will keep proper maintenance of the lighting and ceiling fan.
- 52 (c)(5) Client #1 medication Administrative record now matches the doctors orders and the Pharmacy label. This will not happen again in the future because the home will inform the case manager on any discrepancies.

52(c) Client #1 was visited by the case manager [redacted] and document was retrieved for client's chart. This will not happen again in the future because the client's record will be checked by the home for any missing documents and will report to the case manager.



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