

Foster Family Home - Corrective Action Report

Provider ID: 1-562886

Home Name: Lemelyn Maluyo-Mabuti, CNA

Review ID: 1-562886-4

94-1062 Kahuamoku Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/1/2015

End Date:

1/29/16

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 CCFFH [REDACTED] Corrective Action Report issued with Corrective Action Plan to be completed [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;

Comment:

7.1.(a)(1)

No fingerprint results in file for CG 3.

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 for caregivers given by provider.

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

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.(e)

CG1 states that four caregivers were removed [REDACTED] however CTA was not informed.

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

46 (a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, subchapter 15, HAR.

Comment:

46.(a)

No nursing delegations present for Client 1 [REDACTED]

Foster Family Home - Corrective Action Report

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

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

Comment:

48.(c)(3)

The only stove in the residence is propane with no exhaust or window close by. Large tank is located inside home.

A door to the residence next door is not permanently sealed.

Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(2) Automobile; and

Comment:

49.(a)(2)

Driver's name is not included on a relative's auto insurance policy that is being used for the CCFFH. Dates of active policy ambiguous.

No record of last auto policy in the file.

Foster Family Home Records [17-1454-52]

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

Comment:

52.(b)(1)

Many old Table of contents given to Caregiver 1 at time of review. documents and CMA documents located in provider binder. Difficult to find certain documents.

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BY: [REDACTED]



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(17-1454-7.1)

7.1 (a) (1) CG3 fingerprint I made a copy and put in file.
As a preventative action, keep a reminder
in my phone with the notification feature

(17-1454-13.1)

13.1 (b) (5) PCG has already provided confidentiality
training to the SCGs.
As a preventative action, keep all future
events on my calendar

(17-1454-41)

41.(c) PCG has already faxed to CTA office the lists of
the four SCG that were removed 


To avoid this issue in the future, I will send
a change notification form

(17-1454-46)

46. (a) The RN delegation of client 1 for 
testing was already in file, But might have
been overlooked look by the reviewer.

(17-1454-48)

48.(c) (3) The gas stove has been replaced by an
electrical stove.