

# Foster Family Home - Corrective Action Report

Provider ID: 1-150026

Home Name: Lillian Joaquin, LPN

Review ID: 1-150026-2

94-1078 Hoomakoa Street

Reviewer:

Waipahu HI 96797

Begin Date: 4/26/2016

End Date: 6/26/2016

## 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 2-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 Personnel and Staffing [17-1454-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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)(4) CG#3 Disclosure Form not present in the home.

41.(b)(8) CG#4 BBP certificate not present in the home. CG#5 CPR and First Aid expired [REDACTED]. Current CPR & First Aid certificates not present in the home.

41.(e) CG#5 CTA SCG Approval Form not present in the home.

## 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 #1: Medication side effects are incomplete in the home/record.

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

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

Comment:

52.(c)(5) Client#2: Medication [REDACTED] has new order to D/C parameter [REDACTED] but MAR was not changed. [REDACTED]

*medication administration record*

## Written Plan of Correction

41. (b)(4) CG# 3 How has disclosure form placed in the binder so it will not happen again in the future (document sent to CTA)

41. (b)(2) The home received a current BBP for CG# 4 [REDACTED] (Blood Borne Pathogen) CG# 5 CPR completed [REDACTED] and First Aid completed [REDACTED] It is on file in the home personnel record.

41. (e) The home will utilize a computer/track log for personal requirements before due date to prevent any requirement from expiring in the future. [REDACTED]

46. (c) Client # 1. Medication S/E are completed and paid in the clients chart. This will not happen again in the future because the home will coordinate with the Case Management Agency for any discrepancy (Side effects)

52. (c)(5) Client # 2 The MAR has been corrected by Case Management Agency and put in clients chart. This will not happen again in the future because the home will coordinate with the Case Management Agency for any discrepancy. (Medication Administration Record)