

Foster Family Home - Corrective Action Report

Provider ID: 1-150031

Home Name: Lodenila Ramos, CNA

Review ID: 1-150031-2

99-017 Kauhale St.

Reviewer:

Aiea HI 96701

Begin Date: 5/2/2016

End Date: 6/2/2016

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 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) CG#3 Confidentiality/Privacy Rights Training not present in the home.

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

41.(b)(1) The primary caregiver must be at least twenty-one years old, and the substitute caregiver shall be at least eighteen years old;

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(1) No proper ID present in the home for CG#3 [REDACTED]

41.(b)(7) CG#1 Negative CXR [REDACTED] and TB Screening completed [REDACTED] but no proof of Positive PPD or TB Skin test.

Foster Family Home Client Care and Services [17-1454-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients.

Comment:

43.(b) The New Home was certified [REDACTED] and Home admitted [REDACTED] Client #1 [REDACTED]

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Quality Assurance

[17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) Emergency Preparedness Plan incomplete without signature of CGs.

Foster Family Home

Records

[17-1454-52]

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

Comment:

52.(c)(5) Client #1: MAR and MD's order are the same but discrepancy on the RX label for medication

*medication Administration
Record*

Prescription

Written Plan of Correction

[REDACTED]

13.1.(b)(5) and 41 (b)(1) CG#3 will be removed [REDACTED] because the home was unable to contact CG#3 for required confidential/privacy training and proper ID document. A Substitute Caregiver Change of Notification Form for removal attached. This will not happen in the future because the home will hire a reliable care giver with willingness to do training and provide documents needed for the home according to the Hawaii Administrative Rules.

41. (b)(1) CG#1 now meet the TB clearance requirements because a redo of the TB skin test is now negative [REDACTED]. This will not happen again because CG#1 will obtain an annual TB skin test before the due date [REDACTED] to meet the TB clearance requirement so this will not happen again in the future.

43.(b) The home will not admit a private pay or pending Medicaid if no other Medicaid clients in the home in the future so this will not happen again and will follow the Hawaii Administrative Rules.

48.1. (a) The home completed the Emergency Preparedness Plan with all CGs signed. This will not happen again in the future because the home will make sure that the Emergency Preparedness Plan is completed and that the home follows the Emergency Preparedness Plan.

52. (c)(5) Client#1: The medication administrative record, doctor's orders, and pharmacy label all match. This will not happen again in the future because the home will work as a team with the case managers regarding any discrepancy in the future.

[REDACTED]