

# Foster Family Home - Corrective Action Report

Provider ID: 1-150037

Home Name: Marcela Briones, CNA

Review ID: 1-150037-2

3835 Likini St

Reviewer:

Honolulu HI 96818

Begin Date: 4/26/2016

End Date: 5/19/2016

## 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)(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.

Comment:

41.(b)(7) CG#1: TB clearance screening done [REDACTED] but proof of positive PPD and negative CXR not present in the home.

41.(b)(8) CG#2 First Aid not present in the home.

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

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

Comment:

52.(c)(5) Client #2: Medication [REDACTED] is still recorded in the MAR when it was discontinued [REDACTED] MD order [REDACTED] for medication is not recorded in the MAR.

Written Plan of Correction

- 41 (b) (4) CG #1 Positive PPD result done [REDACTED]  
Negative CXR done [REDACTED].  
This will not happen again because the Home keep these records in the Home Binder.
- 41 (b) (8) CG #2 Basic First Aid certificate completed [REDACTED], and placed on the Home Binder. This will not happen again because the Home make sure that certificate is done before due date by using special calendar for all requirement before due date. [REDACTED]
- 52 (c) (5) Client #2 MAR corrected by CMA. This will not happen again because the Home will coordinate with CMA for any MAR discrepancies.

(MAR = Medication Administration Record)