

Foster Family Home - Corrective Action Report

Provider ID: 1-150052

Home Name: Maribelle Agustin, RN

91-949 Ikalani St.

Ewa Beach

HI 96706

Review ID: 1-150052-2

Reviewer:

Begin Date: 6/30/2016

End Date: 7/26/2016

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 made on 6/30/2016 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

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;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) CG#2 Fingerprinting not present in the home.

7.1.(a)(2) CG#2 Adult Protective Services and Child, Neglect, Abuse checks not present in the home.

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) CG#2 CTA Approval Form not present in the home.

Foster Family Home

Fire Safety

[17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) No night fire drill conducted in the home.

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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) Side effects information for medications not present in the home binder or home for Clients #1 and #2.

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

49.(a)(1) General;

Comment:

49.(a)(1) Liability insurance not present for CG#4 and CG#5.

Compliance Manager

Primary Care Giver

Stamille Joeten

Date

Date

6/30/16

Written Plan of Correction:

July 16, 2016

7.1(a)(1) & 7.1(a)(2). The home received a current fingerprint, APS, and CAN of CG#2 [REDACTED]. It is on file in the home personnel record. The home will utilize a calendar record to track when personnel requirements are due to prevent any requirement from expiring in the future. [REDACTED]

41.(e) The home received the CTA approval form from CG#2 [REDACTED]. It is on file in the home personnel record. The home will make sure that all records are on file and meet all the requirements. [REDACTED]

45.(a) The home will lead and assign CG to conduct fire drill each month in the morning, afternoon and also at night. The home will keep a calendar record for each month on who and what time the fire drill is conducted. [REDACTED]

46.(c) The home contacted client#1 and client#2 case management agency [REDACTED] requesting a list of medication side effects for each client. The agency for client #1 complied and faxed immediately the medication list with their side effects. But for client #2, I went to [REDACTED] assigned pharmacy and asked for patient education form for all [REDACTED] medications. The home will ensure to update and keep client record of medications and be filed in the home binder. [REDACTED]

49(a)(1). The home contacted the Liability Insurance company and submitted an updated insurance change form adding CG#4 and CG#5 for my liability insurance. The home will make sure to update my insurance policy whenever I will add or remove any caregiver to prevent the occurrence of such mistake. [REDACTED]

7/16/2016

Signature:



Maribelle Agustin
91-949 Ikuani St
Ewa Beach, Hawaii 96706