

# Foster Family Home - Corrective Action Report

Provider ID: 1-090095

Home Name: Mary Fe Ricana, CNA

Review ID: 1-090095-5

94-823 Lumikuke Loop

Reviewer:

Waipahu

HI 96797

Begin Date: 12/16/2015

End Date:

1/19/16

## Foster Family Home

### Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person recertification review [REDACTED]  
Corrective Action Report issued during home visit with a written plan of correction due to CTA [REDACTED]

6.(d)(1) - see applicable sections of the review

## Foster Family Home

### Information Confidentiality

[17-1454-13.1]

3.1.(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:

3.1.(b)(5)CG#2,3,4 no confidentiality/ privacy training in record

## Foster Family Home

### Personnel and Staffing

[17-1454-41]

4.1.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

4.1.(a)(3) CG#2 no job experience form on record.

## Foster Family Home

### Fire Safety

[17-1454-45]

4.5.(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.

4.5.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and

Comment:

4.5.(a) CG#3 and CG#4 did not lead fire drills [REDACTED].

4.5.(b)(1) only one person in home during review available to assist with evacuation. CCFFH is 3 client home with 1 bed bound client. CCFFH needs someone available to aid in evacuation besides CG due to bed bound client

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

Comment:

52.(c)(2) Client#2 service plan intervention for falls says bed alarm and baby monitor. Neither were present during review.

52.(c)(5) Client#1 Dr order for [REDACTED] does not specify frequency of medication. [REDACTED]

[REDACTED] Needs clarified

**Attention:  
Correction Letter**

**ADD ON:**

**13.1.(b)(5)CG#2,3,4**

**PCG acknowledges that as part of meeting compliance with this responsibility, PCG will annually provide training for all approved substitute caregivers by evidence of their signature and maintained in the administrative binder.**

**41.(a)(3)CG#2**

**PCG will ensure that when adding a new substitute caregiver that the will need to complete and provide evidence of experience such as a Resume and application which will be maintained in the administrative binder.**

**45(b)(1)**

**PCG shall have sufficient staff and other household member(s) who are qualified to assist with the evacuation in the home at all times.**

Attention: .....  
Correction Letter

13.1.(b)(5)CG#2,3,4 The home did not have SCG's sign the confidentiality/privacy training in record. The home had already made the SCG's 2,3,4 signed and the form of confidentiality/privacy training is now filled/recorded in PCG's binder.  
How to prevent this from happening again? i will make notes or make a reminder with an alarm for me to know that my SCG's have to sign documents.

41.(a)(3)CG#2 No job experience form in record.  
The home has already have the CG#2 fill up the job experience form and it is now filled/recorded in the PCG's binder.  
How to prevent this from happening is for me to make notes and reminder.

45.(a)CG#3andCG#4 did not lead fire drills [redacted].  
The PCG of the home will now make all SCG's conduct fire drills and it will be recorded in the PCG's binder.  
How to keep this from not happening again,i need to make notes and reminder for myself.

45.(b)(1) only one person in home during review available to assist with evacuation.  
the PCG's Mother in-law will now come everyday and will stay until husband gets home from work.  
From now on there will be someone in a home with me to assist me if emergency ever happens.

52.(c)(2)Client #2 service plan intervention for fall says bed alarm and baby monitor but neither were present during review.  
The case management has already corrected the service plan that instead of baby monitor and bed alarm client #2 is using call bell.  
#2 client will always be right next to the wall where the call bell at.

52.(c)(5)Client #2 Dr. order for [redacted] does not specify frequency of medication.  
The home requested the Hospice to clarify the order of the medication and it is now clarified and the Dr;s order is being filled/recorded in the clients binder.  
How to prevent this from happening is to always check /make sure that the medications bottles and MAR match.

