

Foster Family Home - Corrective Action Report

Provider ID: 1-516221

Home Name: Mila Burcena, CNA

Review ID: 1-516221-3

94-1120 Kahuamo Street

Reviewer:

Waipahu HI 96797

Begin Date: 5/20/2016

End Date: 6/14/2016

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 3-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

Comment:

41.(b)(7) CG#2 TB Skin Test done [REDACTED] with about 2 years lapse.

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 unannounced fire drill conducted during night time.

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 not in the home or record.

Foster Family Home Physical Environment [17-1454-48]

48.(e) The home shall have policies regarding smoking on the property that:

Comment:

48.(e) The home does not have policies regarding smoking on the property.

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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) The home does not have an emergency preparedness plan in the home binder.

Foster Family Home

Client Rights

[17-1454-50]

50.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

50.(b)(15) The home does not have visiting hours established.

Foster Family Home

Records

[17-1454-52]

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

Comment:

52.(c)(5) Client #1: Doctor's orders and pharmacy label matches for one of the medications but the MAR does not match for that same medication.

Written Plan of Correction

41(b)(7) CG#2 Will not lapse again in the future for the TB, skin test because the home will renew the TB skin test every year. The Home has special folder reminders for all requirements before due date.

45(A)(1) (Attached) The home completed the night fire drill + attached to CTA. The home will follow the # 45 A Hawaii Administrative Rules to make sure this will not happen again in the future. The Home will do fire drill days, evening + nights alternately.

46(c) Client #1 information is located at service plan. This will not happen again in the future because the home coordinate w/ the case manager to make sure client medication side effect information is in the binder.

48(c) Home Policy regarding Smoking on the Property is placed in the Home binder permanently so that will not happen again in the future.

48.1(a) Home Emergency Preparedness Plan is now in place in the Home binder & it will not happen in the future.

50 (b)(15) Home now have daily visiting hours and Provision for Privacy establish + its place in the binder + it will not happen again in the future.

52 (c)(5) Client #1 Medication Administration Record is now match. Its already corrected by matching Doctor order + Pharmacy label. This will not happen in the future because the home we work as a team w/ the Case manager.

