

Foster Family Home - Corrective Action Report

Provider ID: 4-510843

Home Name: Norma Romero, CNA

Review ID: 4-510843-3

48 Aoloa Loop

Reviewer:

Kahului

HI 96732

Begin Date: 2/29/2016

End Date:

4/14/16

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 review. Corrective Action Report issued during visit. A written corrective plan is due to CTA [redacted]

Foster Family Home Background Checks [17-1454-7.1]

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.2 APS/CAN checks lapsed/expired. They were due [redacted] for SCG#3. They were done [redacted]

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 TB lapsed/expired for CG#1, was due [redacted] and was done [redacted]

41.b.8 CPR/1st Aide lapsed/expired for CG#2 and CG#5, they were both due [redacted] and were done [redacted]

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 fire drill present [redacted]

Foster Family Home Medication and Nutrition [17-1454-46]

46.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

46.e No training fc [redacted] sent for client #1.

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Records

[17-1454-52]

52.(c)(1) Client's vital information;

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

Comment:

52.c.1 Client #1's face sheet/vital information sheet and service plan allergy sections do not match.

52.c.2 Client #1's service plan is not signed by client or authorized representative. Client has [REDACTED] listed on [REDACTED] nursing notes that is not identifiable on the service plan. Client has a diagnosis addressed in the service plan that is not listed in the diagnosis section of the service plan.

FAMILY FOSTER HOME-CAP

February 29, 2016

NORMA A. ROMERO

- 7-.1.a.2 The home reviewed caregivers #3 for APS/CAN was expired, It is on file in the home personal record from now on the home will utilize calendar or computer to track when requirements expire in the future.
- 4.1.b.7 Primary Caregiver's TB clearance was expired [redacted] and was done [redacted] the home will utilize cell phone or calendar to track when requirements are due to prevent from expiring in the future.
- 4.1.b.8 The home gave a copy of CPR/FA for caregiver #2 and caregiver \$5 both due [redacted] and was done [redacted] the home will talk to the caregivers to remind or use calendar, cell phone or computer to prevent from expiring.
- 45.a The home missed one month fire drill [redacted] the Primary caregiver will ensure that all caregivers will check monthly fire drills if its all done every month.
- 46.c The home contacted RN of the case management, [redacted] and the RN came our home [redacted] & performed an inservice training for all caregivers regarding [redacted] for client #1. All caregivers will follow client service plan to ensure understanding of the service to be provided to clients the service plan will be kept in client record. Certificates are attached.
- 52.c.1 The home contacted the RN Supervisor [redacted] and came to see the file for [redacted] not match on allergy Section or not on a face sheet. The home will make a reminder sheet on top of the binder so that she double check all what she'd written and ask if I have questions about the monthly summary.
- 52.c.2 The home contacted RN Supervisor [redacted] to come check the service plan to correct all missing plan li [redacted] ed on [redacted] nursing notes and the diagnosis address in the service plan that is not listed on the diagnosis section on the service plan([redacted] The home must ensure that the RN and staff members responsibilities to read all service plan to ensure understanding of all policy & procedures written in the service plan, so that next time there will be no more corrections in the future.