

Foster Family Home - Corrective Action Report

Provider ID: 4-140066

Home Name: Rosalie Alcon, CNA

Review ID: 4-140066-2

161 West Papa Avenue

Reviewer:

Kahului HI 96732

Begin Date: 3/2/2016

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 2 bed recertification review. Corrective Action Report issued during home visit. A written plan of correction is due to CTA [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, CG#2 [REDACTED] was done [REDACTED]. CG#4 TB clearance unknown. Negative skin test [REDACTED]. Chest Xray done [REDACTED] due to previous positive TB skin test. No positive skin test present.

41.b.8 Bloodborne Pathogen training lapsed/expired, CG#1 [REDACTED] was done [REDACTED].

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

49.(a)(1) General;

Comment:

49.a.1 Liability insurance coverage does not have CG#4 listed.

Foster Family Home Records [17-1454-52]

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

Comment:

52.c.5 Client #1 has a medication discrepancy. One medication bottle has twice [REDACTED] the order and Medication Administration Record state.

Compliance Manager

Rosalie Alcon

Primary Care Giver

Date

3/2/2016

Date

[REDACTED]

41.b.7 The home will utilize a computer program to track when personnel requirements are due to prevent any requirement, including TB clearance, from expiring in the future. The home obtained a positive TB skin test document [REDACTED] to supplement the chest x-ray done for CG #8 [REDACTED]. [REDACTED] The home will make sure to obtain all documents that accurately justifies the use of chest x-rays for TB clearances.

41.b.8 The home will utilize a computer program to track when personnel requirements are due to prevent any requirement, including bloodborne pathogen training, from expiring in the future.

49.a.1 The home contacted the insurance agency [REDACTED] to list CG #4 under the liability insurance coverage. The home will update insurance policies by removing and adding caregivers as such situations arise. [REDACTED] the new insurance document which now lists CG #4 under liability insurance coverage.

52.c.5 The home clarified a medication discrepancy for Client #1. The Client's primary physician was contacted [REDACTED] and cleared the discrepancy on the order. [REDACTED] the updated Medication Administration Record Summary approved by the primary physician. The home will double check medication orders against the actual medication given to prevent discrepancies from occurring in the future.

[REDACTED]

Rosalie Alcon
161 West Papa Ave.
Kahului, HI 96732