

Foster Family Home - Corrective Action Report

Provider ID: 4-619299

Home Name: Arcell Remogat, NA

Review ID: 4-619299-4

1130 Nakulua Street

Reviewer:

Wailuku HI 96793

Begin Date: 3/3/2016

End Date: 8/23/16

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6.d.1 A home visit was made on 3/3/16 for a 2 bed recertification review. A Corrective Action Report was issued during the home visit. A written plan of correction is due to CTA by 4/3/16

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

7.1.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department of human services. Requests for exemptions must be:

7.1.(e)(1) Submitted by the applicant for licensure or certification, case management agency, or home;

7.1.(e)(2) In writing, on forms provided by the department of human services; and

7.1.(e)(3) Received by the department of human services no later than seven days after the date of the notification that the individual:

7.1.(e)(3)(A) Has a conviction for a crime other than a minor traffic violation involving a fine of \$50 or less;

Comment:

7.1.e 1-3 CG#2 has a red light from Fieldprint for 2014 with no exemption from Fieldprint present.

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#1 has no TB clearance present for 2015. CTA unable to determine if TB clearance in 2016 was done within required timeframes.

Foster Family Home Fire Safety [17-1454-45]

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.b.2 There is no fire drill present conducted by CG#3 for the past year.

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Foster Family Home

Client Account

[17-1454-47]

47.(b)(1) Commingled with those of the home, the primary or substitute caregivers, other household members, or other clients; or

Comment:

47.b.1 Client #1's [REDACTED] were [REDACTED] with the home funds.

Foster Family Home

Physical Environment

[17-1454-48]

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.c.3 The screens in both client rooms allow insects to get into the rooms. Client #1's screens have gaps between the screen and window. Client #2's screen is broken.

The bathroom door has dirt and fingerprint buildup on it.

Foster Family Home

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;

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

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52.c.1 Client #2's [REDACTED] does not match the service plan

52.c.2 There is no member signature on Client #1's [REDACTED] service plan

52.c.5 There are medication discrepancies for both clients.

Client #1 has a medication label that says [REDACTED] and the Medication Administration Record (MAR) and orders say [REDACTED]. The client is taking [REDACTED] that has no order or is listed on the MAR.

Client #2 has [REDACTED] medications that say [REDACTED] on the bottle and the MAR and orders say [REDACTED].

52.c.6 There are no entries on client flow sheets for activities of daily living for client #1 from [REDACTED]

There are no nursing notes present for June and August of 2015.

Compliance Manager

Primary Care Giver

Date

Date

TO WHOM IT MAY CONCERN:

THE FOLLOWING IS A WRITTEN PLAN OF CORRECTION TO THE CORRECTIVE ACTION REPORT ISSUED DURING THE CTA HOME VISIT:

7.1.e.13 CG#3

ALREADY RECEIVED A GREEN LIGHT DETERMINATION. BUT TO PREVENT THIS TO HAPPEN IN THE FUTURE, HAVE TO CONSTANTLY CHECK BINDER ON CTA COMPLIANCE REGARDING REQUIREMENTS ON PERSONNEL AND STAFFING AND THAT IF THERE'S ANY THAT NEEDS ACTION, HAVE TO PROCESS/SUBMIT IT ON TIME

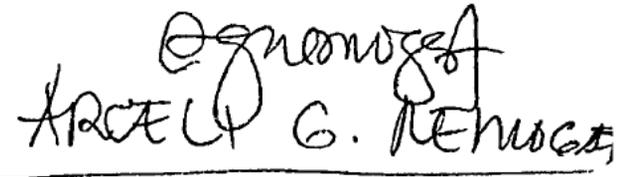
41.b.7 CG#1

WAS ABLE TO PRODUCED A COPY OF THE
2015 TB CLEARANCE FROM [REDACTED]
[REDACTED] BUT IN ORDER TO AVOID THIS TO
HAPPEN IN THE FUTURE, HAVE TO CONSTANTLY
CHECK CTA COMPLIANCE BINDER AND MAKE
SURE ALL PERSONNEL AND STAFFING
REQUIREMENTS ^{DOCUMENTS} WERE INTACT.

45.b.2

SPOKE TO ALL SUBSTITUTE CAREGIVERS
AND LET THEM UNDERSTAND THAT EVERYBODY
HAS TO PARTICIPATE IN CONDUCTING FIRE
DRILL WHICH THEY UNDERSTAND AND
HAD BEEN DOING IT ESPECIALLY CG#3.

VERY RESPECTFULLY,


ARZELL G. REMUDA

PROVIDER ID 4619299

To:

COMPLIANCE MANAGER

FROM: ARCELL G. REMOGAT
PCG, MAHI

RE: PAGE 2 OF FOSTER FAMILY HOME -
CORRECTIVE ACTION REPORT

I DON'T REALLY KNOW WHAT HAPPENED
TO THE REST OF THE PAGES I FAXED BEFORE
SO NOW, I'M SENDING YOU AGAIN THE
CORRECTIVE ACTION PLAN FOR PAGE 2.

47. b. 1

ALTHOUGH IT'S ON A SEPARATE PURSE,
THE FACT THAT I KEPT IT INSIDE MY PERSONAL
SAFETY BOX, YES IT WAS COMMINGLED.

TO PREVENT THIS FROM HAPPENING
AGAIN I BOUGHT A USED SAFETY BOX
FOR CLIENT#1 PERSONAL USE.

Arcell Remogat

Aug 22 16 11:46p

p.1

Received Fax : AUG 23 2016 12:15AM Fax Station : (714) page 1

48.C.3

BOTH SCREEN WINDOWS OF CLIENT #1 AND CLIENT #2 WERE FIXED.

BATHROOM DOOR WAS THOROUGHLY CLEANED AND REPAINTED IT AFTER.

TO PREVENT THIS FROM HAPPENING AGAIN, NEED TO CONSTANTLY CHECK SITUATION OF CLIENTS ROOM AND BATHROOM TO HAVE A HEALTHY AND SAFE ENVIRONMENT.

52.C.1

52.C.2

52.C.5

THE CASE MANAGER, MAUI, THE PCG, AND THE POP TRIED TO WORK THING OUT TO CORRECT THE DISCREPANCY TO PREVENT THIS FROM HAPPENING IN THE FUTURE, NEED TO DOUBLE CHECK FROM TIME TO TIME ALL THE RECORDS TO MAKE SURE THERE ARE NO MISTAKES

S2.C.6

* SORRY IT'S MY FAULT FOR NOT LOGGING IT FOR 3 DAYS BUT I KNOW BY HEART THAT I DID SOMETHING ON THAT 3 DAYS

TO PREVENT THIS FROM HAPPENING AGAIN, EVERY SINGLE DAY, I NEED TO LOG EVERYTHING THAT IS REQUIRED

* NURSING NOTES FOR AUGUST 2015 AND JUNE 2015 WERE FILED / COVERED IN A SEPARATE FILING PAGE.

TO PREVENT THIS FROM HAPPENING IN THE FUTURE, HAVE TO BE ORGANIZED MY FILING AND DOUBLE CHECK EVERYTHING IN THE CHART FROM TIME TO TIME.

~~Agreement~~
ARCELI G. REMOGA
PCG

Arceil Remoga

Aug 22 16 11:47p