

Foster Family Home - Corrective Action Report

Provider ID: 1-140076

Home Name: Emil Jr. Novesteras, CNA

Review ID: 1-140076-2

94-277 Paiwa Street

Reviewer:

Waipahu HI 96797

Begin Date: 11/4/2015

End Date:

12/17/15

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

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

Comment:

Home survey for recertification of two client CCFFH 11/4/15. Corrective Action Report issued with Corrective Action Plan due to CTA by 12/4/15.

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

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)

CG2: APS/CAN was performed 7/13 and was due 7/15.
HHM1 : No APS/CAN in file.

7.1.(a)(1)

CG4: Fingerprinting in file from 6/12. No second fingerprinting seen.
HHM1: No fingerprinting in file.

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(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:

13.1.(b)(5)

No confidentiality training for any caregivers in file.

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Foster Family Home

Personnel and Staffing

[17-1454-41]

- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 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.
- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7)

CG1: No TB testing in file.
CG 2: No proof of positive TB testing
CG4: Screening only in file 8/14. CG is TB negative and needs a TB test.
HHM1: No TB test results in file.
41.(b)(8)
CG 4: No current Blood Born Pathogen Training in file.

41.(c)

CG 1 Only 6 hours of continuing education in file.
CG 2 : NO record of continuing education in file.
CG3: Only 2 hours of continuing education in file. Needs 8.
CG4: Only 4 hours continuing in file. Needs 8.

41.(a)(3)

CG2: No current CNA license in file.

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 drills being conducted in this CCFH.

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

46.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, subchapter 15, HAR.

Comment:

46.(a)

Client 1: No delegations for CG2.

Client 2: No delegations for CG4. No physician order seen for Naprosyn.

No information from CMA 1 or CMA2 regarding medication side effects.

Foster Family Home Client Account [17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47.(a)

Client 1 : NO Personal Expense Record.

Foster Family Home Fiscal Requirements [17-1454-49.1]

49.1.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

49.1.(b)
No budget being kept.

Foster Family Home Records [17-1454-52]

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

52.(c)(8) Personal inventory.

Comment:

52.(c)(1)

Client 1: Vital Information blank in most areas.

52.(c)(8)

Client 1: No Personal Inventory.

Compliance Manager

Primary Care Giver

11/4/15

Date

11/4/15

Date

Name: Emil A. Novesteras

Date: 12/18/2015

Address: 94-277 BAIWA ST. WAIPAHU

Signature: 

NOVESTERAS FOSTER CARE HOME

CORRECTIVE ACTION REPORT:

7.1. (a)(1)

CG4: Received 2nd fingerprint along with re/can from caregiver.

Will keep a reminder on my cellphone for PCG to remember whats due so we know whats updated.

13.1. (b)(5)

Will have all caregivers read and sign confidentiality.

41.(b)(7)

CG1: Copy of TB testing document was inside PCG binder but wasn't file in the right place.

Next time will be more organize with all documents so next time PCG knows where everything is place inside binder.

CG2: PCG received CG2 TB and PPD documents through fax.

Will keep a reminder on cellphone when TB is due.

CG4: Caregiver has PPD and Chest X-ray copy in file.

Will keep a reminder on my cellphone when TB is due.

41. (c)

CG1: Got a copy of inservice from employer.

Same will make sure caregivers will get me an updated inservice.

CG2: Same Inservice from employer.

Will make sure caregivers will get me an updated inservice.

CG3: Copy of inservice certification of continuing education.

CG4: Inservice copy from employer.

Will make sure caregivers will get me an updated inservice.

41. (a)(3)

CG2: Caregiver got CNA license renewed and sent PCG a new document.

Keep reminder on my cellphone when license needs to be

45.(a)

Fire drill was done ASAP after home recertification was done, fire drill was done with PCG,CG3, clients and HHM1 along with 2 children.

Will do fire drill every month.

46.(a)

Client 2: Wasn't filed in order.

Will prevent it by filing it in order in the future.

47.(a)

Client1: Have personal expense filled out because client is a private pay, started personal expense for client.

How to prevent it: It is on file and will do for all future clients.

49. 1(b)

Budget form was done right away and will do it every month.

52:(c)(8)

Client 1: Filled out personal inventory of the belongings of the pt, will have personal inventory.

7.1(a)(1)

HHM1: household member don't live with us anymore, moved out.

52.(c)(1)

Client1: Vital information sheet completed and placed in file.

I will prevent it by checking that CMA completed all of their documents.