

Foster Family Home - Corrective Action Report

Provider ID: 1-560690

Home Name: Juliet Orpilla, CNA

Review ID: 1-560690-3

94-595 Kipou Street

Reviewer:

Waipahu HI 96797

Begin Date: 4/8/2015

End Date: 5/11/15

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

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

Comment:

Home visit made on 4/8/2015 for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 5/8/2015.

6 (d)(1) see applicable sections of this review.

Foster Family Home Reporting Changes [17-1454-10]

10. The case management agency or home shall immediately report to the department changes that may affect the case management agency's or home's ability to comply with the applicable requirements of this chapter. Changes to be reported include, but are not limited to, changes:

Comment:

10. CG#1 CNA expired on 3/18/2015 and did not report to CTA.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

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)(4) No disclosure form for CG#1 and CG32

41.(b)(7) CG#3 No PPD since 3/30/2012

41.(b)(8) CG#1 CPR and First Aid done on 3/14/2014 but was due on 3/6/2014.

Foster Family Home Records [17-1454-52]

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)(6) No CG#1 chart documentation of progress notes since 2/17/2015

voluntarily closed during Survey

Compliance Manager

4/8/2015

Date

Primary Care Giver

4/8/2015

Date