

Foster Family Home - Corrective Action Report

Provider ID: 1-560525

Home Name: Leilanie Frazee, CNA

Review ID: 1-560525-4

94-480 Palai Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/27/2016

End Date: 8/22/16

~~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 made on 6/27/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 7/27/2016.

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

~~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) CG#3 Last Adult Protective Service and Child, Neglect, and Abuse (APS and CAN) was done on 4/2/2014 and no current APS and CAN present in the home.

~~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 TB clearance expired on 8/5/15 but renewed on 6/20/2016 about 9 months lapse. CG#3 Last TB clearance done on 2/19/2015 with no current TB screening renewal, no proof of positive TB skin test, and proof of negative chest X-ray.

~~Foster Family Home~~ Client Care and Services [17-1454-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients.

Comment:

43.(b) Client #1 is [REDACTED] and no Client #2 present.

~~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) Only CG#1 conducted fire drills and no documentation of CG#2 and CG#3 conducted fire drills.

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Foster Family Home

Medication and Nutrition

[17-1454-46]

46.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

46.(c) Client #1 medication [REDACTED] information not present in the home.

Compliance Manager

L. L. L. L. L.

Primary Care Giver

Date

6/27/14

Date

Aug 09 16 02:38a Leilanie

P. 2

Written Plan of Correction

September 04, 2016

7.1 (a) (2) CG #3 Now has APS/CAN complete on July 15, 2016. This will not happen again in the future because the home has a log for all requirements before due date.

41. (b) (7) CG #1 TB clearance will not lapse in the future again. CG #3 has chest x-ray done on November 17, 2015 and TB skin test on November 17, 2015. Current TB screening completed on August 11, 2016. This will not happen again because home has a log to keep track before the due date. [REDACTED]

43. (b) Client #1 The home will keep a log when calling CMA for a [REDACTED] client and will report to CTA. Client admitted so its not going to happen again in the future. (client #2 [REDACTED] admitted [REDACTED].)

45. (b) (2) CG #2 Now conducted fire drill at 8pm. CG #3 will conduct Fire Drill the following month so all CGs are properly trained to conduct fire drill in the future. This is not going to happen again because we will follow the Hawaii administrative rule. By conducting fire drills day, evening, night unannounced.

46. (c) Client #1 Now has the medication [REDACTED] from case manager. This will not happen again in the future because the home will coordinate with the CMA to make sure all clients have information on [REDACTED].

September 04, 2016



Leilanie A. Frazee

94-480 Palai St.
Waipahu, HI 96797