

Foster Family Home - Corrective Action Report

Provider ID: 1-562779

Home Name: Maritess Ramirez, CNA Review ID: 1-562779-3
128 Kaniahe Place Reviewer:
Wahiawa HI 96786 Begin Date: 8/15/2016 End Date: 09/07/16

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 for a 3 bed recertification survey. Corrective Action Report issued with a written plan of correction due to CTA by 9/22/16.

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#4 was due on/before 10/20/15, done on 2/11/16. TB for CG#5 due on/before 3/28/15, done on 8/26/15.

41.b.8. CPR/First Aid lapsed/expired. CG#1, 2, 4 and 5 were due on/before 1/11/16, done on 1/17/16. First aid for CG#3 was due on/before 1/28/15, done on 3/7/15.

41.b.8 Bloodborne Pathogen lapsed/expired. CG#1 due on/before 1/11/16, done on 1/17/16. CG#2 due on/before 1/10/15 and done on 8/23/15. CG#3 due on/before 1/10/15 and done on 2/8/15.

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

6.(d)(1) By order of a physician;
Comment:

6.(d) Use of physical or chemical restraints shall be by order of a physician.

11. Clients have and use [redacted]. There are no orders present in any client chart.

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Foster Family Home

Records

[17-1454-52]

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.2 Client #1's service plan states no known [redacted] Face sheet, Medication Administration Record and MD orders all list [redacted]

52.c.5 Client #2 had an expired [redacted] medication bottle [redacted] Client #3 had an empty bottle that was filled [redacted] and the medication is currently being signed for. Prescription labels, MD order and Medication administration record did not match for [redacted] medications.

Compliance Manager

Maritess H. Ramirez
Primary Care Giver

Date

9/07/2016
Date

41.b.7 TB CLEARANCE, CPR/FIRST AID, BLOODBORNE PATHOGEN ARE ALL
b. 8 CURRENT THIS TIME. I HAVE MADE A LIST OF ALL ITEMS WITH
EXPIRATION DATES AND PLACED IN THE FRONT OF MY CTA BINDER.
I UNDERSTAND NOT TO LAPSED ANY PAPERS NOT EVEN FOR ONE DAY.
THE HOME WILL KEEP ALL PAPERS UPDATES AS POSSIBLE.

46.d ORDER FOR THE USED OF [REDACTED] FOR THE [REDACTED]
CLIENTS HAVE BEEN DONE AND SIGN BY PRIMARY CARE PHYSICIAN.
[REDACTED] RN CASE MANAGEMENT HAVE BEEN NOTIFIED.

52. c. 2 CALLED RN CASE MANAGEMENT ABOUT THE SERVICE PLAN. RN-CM
UPDATED THE SERVICE PLAN. [REDACTED]

52.c. 5 CALLED IN FOR PHARMACY RECORDS FOR THE DATES OF DELIVERY
AND WHEN MEDICATIONS FILLED. [REDACTED]
[REDACTED] I CALLED
PHARMACY AND GOT THE ORDERS FROM CLIENTS PRIMARY PHYSICIAN.
CASE MANAGEMENT BEEN NOTIFIED WITH NEW ORDERS. I PROMISED
TO KEEP TRACK AND MATCH ALL ORDERS AND LABELS FROM THE
PHARMACY IN ALL CLIENTS MEDICATIONS MEDICATIONS LOG IN
CLIENTS BOOK AS WELL.

52.c. 6 DAILY DOCUMENTATION HAD BEEN UPDATED TO ALL CLIENTS CHARTS.
RN CASE MANAGEMENT HAD BEEN CHECK, ALL THE SERVICE PLAN AS
WELL.


MARITRESS RAMIREZ
128 KANIAHE PLACE
WAHIAWA, HAWAII 96786
HOME: [REDACTED]
MOBLIE- [REDACTED]