

Foster Family Home - Corrective Action Report

Provider ID: 1-628745

Home Name: Michelle Bolibol, CNA

Review ID: 1-628745-3

94-108 Palai Place

Reviewer:

Waipahu HI 96797

Begin Date: 8/20/2015

End Date: 11/12/15

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

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

Comment:

Home visit for a 2 person recertification review made on 8/20/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 9/20/15.

6.(d)(1) - see applicable sections of the review

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)(1) CG#4 only 1 set of fingerprints of file.

7.1.(a)(2) CG#1 APS/CAN due on or before 3/26/14 completed on 4/29/14. CG#2 APS/CAN due on or before 3/19/14 completed on 4/29/14. CG#3 APS/CAN due on or before 8/27/14 completed on 8/14/15. CG#4 APS/CAN due on or before 6/13/14 completed on 6/23/14. HHM#2 APS/CAN due on or before 3/19/14 completed on 4/29/14. HHM#3 APS/CAN due on or before 3/19/14 completed on 4/29/14.

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) CG#1,2,3,4 no confidentiality/ privacy training.

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) CG#2 no 2014 TB record. CG#3 No 2013, 2014 TB record.

41.(b)(8) CG#3 No record of CPR from 09/08/14-10/13/14

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

46.(d)(1) By order of a physician;

Comment:

46.(d)(1) [REDACTED] No Dr. order in record.

Foster Family Home Physical Environment [17-1454-48]

48.(c)(1) The primary or substitute caregiver shall follow appropriate preventative maintenance procedures for equipment and devices used in the care of clients;

Comment:

48.(c)(1) [REDACTED] Currently being used by client which puts risk for safety and/ or injury

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;

Comment:

52.(c)(2) No date on service plan from client's representative. [REDACTED] Not on service plan.
Service Plan written use of call system for client. No call system in place.

Compliance Manager

Michelle Probert

Primary Care Giver

Date

8/20/15

Date

8/20/15

Michelle Bolibol 11/12/2015

7.1(a)(1) CG#4 - Fingerprint current, second set taken on 8/26/15
- will place 2 set of fingerprint and leave on record

7.1(a)(2) CG#1,2,3,4 and HHM#2,3 - APS/CAN complete late and current now
- will place on calendar 30 Days before due date

13.1(b)(5) CG#1,2,3,4 - Confidentiality/Privacy training- caregiver train on 8/22/15
- make sure new caregiver sign right away.

41.1(b)(7) CG#2 - 2014 TB record misplaced / current
- to make sure to keep copy on file at all time
CG#3 - 2013,2014 TB record misplaced / current
- make sure to keep copy on file at all time

41.1(b)(8) CG#3 - CPR from 9/08/14-10/13/2014 done late / current
- will place on calendar 30 days ahead

46(d)(1) Client #1 - able to locate MD order [REDACTED]
- make order available and to keep on record

48.0(1) Client #1 - [REDACTED]
- check equipment first before having client use it and also, if
Equipment may cause harm to client, will replace it immediately

52(c)(2) Client #1 [REDACTED]
[REDACTED] Date added to client
Representative signature.. To check service plan whenever service
Plan is updated.

Michelle Bolibol 11/12/15