

Foster Family Home - Corrective Action Report

Provider ID: 1-624610

Home Name: Marlene Diego, CNA

Review ID: 1-624610-6

94-1237 Halelehua Street

Reviewer:

Waipahu HI 96797

Begin Date: 8/9/2016

End Date:

9/20/16

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 change from a 2 bed to 3 bed home. Corrective Action Report issues. A written plan of correction is due to CTA by 9/10/16. See applicable sections of this report.

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;

Comment:

7.1.a.1 No fingerprint results present for CG#3.

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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)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and
- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
- 41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and
- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.b.4 No SCG disclosure form present for CG#3

41.b.5 No alternate transportation plan present for CG#3 or proof of auto insurance coverage if CG#3 will drive clients in CG#3's vehicle.

41.b.7 No TB clearance present for CG#3

41.e No CTA caregiver approval form present for CG#3

41.f.1 TB clearance for HHM#1 expired 8/8/16.

41.g No basic skills check present for CG#3

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

- 43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.c.3 No RN delegation present for CG#3.

Foster Family Home Insurance Requirements [17-1454-49]

- 49.(a)(1) General;

Comment:

49.a.1 CG#3 is not listed on general liability insurance coverage.

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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 July or August 2016 CMA visit notes present in client record.

Compliance Manager

Doreen Davis

Primary Care Giver

Date

8/10/16

Date

SEP-1-2016 13:14 FROM:ACDIEGO

TO:2345470

P.1/1

ATTN:

8/30/2017

Written Plan of Correction

- 7.1. (A)(1) Finger printing results form SCG#3 8/19/2016 on file in the home personal record. Finger prints will be taken and recorded before entering home and will be placed into home personal record for future references.
- 41. (B)(4) Disclosure form for SCG#3 on file in the home personal record. Disclosure will be required before entering home and hard printed copy will be placed in home personal record.
- 41. (B)(5) Alternate transportation for SCB#3. Back up transportation options will be listed and set as back up transportation in case main source of transportation is not available.
- 41(B)(7) TB clearance for SCG#3 on file in the home personal record. TB clearance will be required before entering home and hard copy will be required for record and will be placed in the home personal record.
- 41. (E) Caregiver approval form for SCG#3 on file. Caregiver written approval will be required before entering home and hard copy will be kept and recorded for future references.
- 41. (G)(1) HHM#1 attached in the TB clearance. TB clearance will checked and renewed every year and hard copy will be filed in records.
- 41. (G) Basic skills check for SCG#3 die which RN from case management agency.
- 43. (C)(3) SCG#3 RN delegation from case management agency.
- 49. (A)(1) General Liability insurance coverage SCG#3 included. General Liability insurance will be required before entering the home and hard printed copy will be kept in the home personal record.
- 52.(C)(6) July and August visits notes done by RN from case management agency

Signed:

Mariene Diogo 9/1/16
 Mariene Diogo
 94-1237 Halehahua Street
 Waipahu, HI 96797

SEP-15-2016 17:59 FROM:ACDIEGO

9/14/2016

ATTN:

Written Plan of Correction

41.G Basic skills on file. This will not happen again in the future because the home will coordinate with the RN case manager.

43.C3 RN delegation on file. This will not happen again in the future because the home will coordinate with the RN case manager.

52.C6 RN unit notes on file. This will not happen again in the future because the home will coordinate with the RN case manager.

Signed:

Marlene Diego
Marlene Diego
94-1237 Halelehua Street
Waipahu, HI 96797