

Foster Family Home - Corrective Action Report

Provider ID: 1-590746

Home Name: Milagros Domingo, CNA

Review ID: 1-590746-5

1900 Gulick Avenue

Reviewer:

Honolulu

HI 96819

Begin Date: 9/22/2016

End Date: 10/6/2016

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 9/22/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/22/2016.

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

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8) CG#2 Blood Borne Pathogen expired on 7/20/15 but renewed on 2/27/16 with about 7 months lapse

41.(f)(1) HHM#1 Completed TB clearance on 9/11/14 and expired on 10/11/15 but renewed on 9/10/16 with about 11 months lapse. HHM#2 Completed TB clearance on 8/26/14 and expired on 9/26/15 but renewed on 7/28/16 with about 10 months lapse.

Foster Family Home

Records

[17-1454-52]

52.(c)(3) Current copies of the client's physician's orders;

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)(3) Dr.s order is current but missing a medication for client #3.

52.(c)(5) Client #2 The medication administration record (MAR) on one medication did not match the doctor's order and Rx Pharmacy label.

52.(c)(6) Client #1 and Client #3 Current CM visit notes not present in the clients' charts.

Compliance Manager

Primary Care Giver

Date

Date

9/22/16

9/22/2016 21:19 PM

Written Plan of Correction

October 03, 2016

41 (b)(8) CG # 2 will not lapse in blood borne pathogen because the home will prevent lapsing in the future again by using calendar.

41 (EX) Household Member # 1 and 2 will not lapse in T.B. Clearance because the home will prevent lapsing in the future again by using a calendar.

52 (c)(3) Client # 3 current medication discontinue by the doctor's order

but Dr's office was not able to give a copy of the Dr's note to the PCG. This will not happen again in the future because the home will coordinate with Client's Doctor and RN Case Manager to make sure this will not happen again in the future (order attached).

52.(C)(5). Client # 2 MAR, Doctor's Order,
v Rx pharmacy label match Client # 2
medication. This will not happen again
in the future because the home will coordi-
nate with RN Case Manager for any
medication discrepancies with the MAR,
Doctor's Order v Rx Pharmacy Label.
(MAR attached)

52(C)(6). Client # 1 and 3 now have current
RN Case Manager's note dated Aug. 27, 2016.
and Client # 3 dated Aug. 27, 2016 (LTSS).
This one will not happen again in the future
because the home will coordinate with
the RN Case Manager to make sure the monthly
notes are current. (RN note attached)

October 3, 2016

Milagros M. Dominguez
(Signed)

Home Address:
1900 Gulick Ave.
Honolulu, Hawaii 96819