

Foster Family Home - Corrective Action Report

Provider ID: 1-512352

Home Name: Trinidad Lameg, CNA

Review ID: 1-512352-4

1740 Palm Drive

Reviewer:

Wahiawa HI 96786

Begin Date: 5/16/2016

End Date:

6/17/16

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

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

Comment:

Recertification visit for 2 client CCFH on 5/16/16. Corrective action report issued during review and due to CTA by 6/16/16. See applicable sections 6.(d)(1).

Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41.(b)(5) CG#3 Driver's License expired 6/2014

41.(b)(8) CG#1 CPR and First Aid lapse from 5/20/14-4/28/16. CG#2, and CG#3 CPR and First Aid lapse from 5/20/14-5/26/15. CG#1 No proof of Blood born pathogens from 5/20/14 to current. CG#2, and CG#3 No proof of Blood born pathogens from 5/20/14-5/26/15.

Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) CG#1 did not lead fire drill in 2014. CG#3 did not lead fire drill in 2014, or 2015

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

49.(a)(1) General;

Comment:

49.(a)(1) CG#1,2,3 No proof of liability insurance in record from 5/20/14-11/30/15

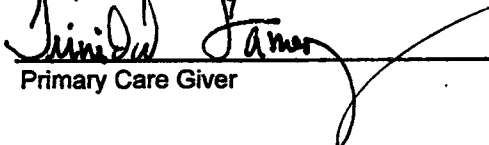
Foster Family Home Records [17-1454-52]

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) Client #2 no R.N visits in record during review from March and April 2016

Compliance Manager


Primary Care Giver

Date

5/16/16

Date

5/28/2016

Corrective Action Report

6 (d) (1) PCCG will make sure all record is up to date by making a check list and be check in the beginning of each month.

41 (b) (5) CG #3 New Driver license obtained and placed in folder

41 (b) (8) CPR, first Aide and blood borne pathogen record in 2014-2015 was pulled out of chart early and placed it in another folder.

CG#1 Current Blood borne pathogen documentation obtained and placed it in folder

45 (a) CG#1 will do fire drill in June 2016, CG#2 in July and CG#3 in August, I will make a check list and assigned caregiver to do drill each month to make sure every caregiver will do drill in the future.

49(a) Old liability insurance for all caregivers was pulled out of the chart early and placed it in different folder.

52(c) (6) RN monthly home visit report for 3/2016 and 4/2016 obtained and placed it in client folder.

Thank You


Trinidad P. Lopez, CNA