

Foster Family Home - Corrective Action Report

Provider ID: 5-577380
Home Name: Cristina Dullaga, CNA
1657 Malakia Street
Kapaa HI 96746

Review ID: 5-577380-7
Reviewer:
Begin Date: 10/13/2016
End Date: 10/26/2016

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 10/13/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/13/2016.

6 (d)(1) see applicable sections of this 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;

Comment:

7.1.(a)(1) CG#3 Lapsed on eCrime was due on/before 8/17/16 but renewed on 9/30/16.

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) CG#1 Lapsed on TB Clearance was due on/before 9/20/16 but renewed on 10/7/16. CG#2 Lapsed on TB Clearance was due on/before 8/31/16 but renewed on 10/12/16. CG#4 No current TB Clearance present in the home.

41.(b)(8) CG#1 and CG#3 Lapsed on CPR and 1st Aid was due on/before 8/9/16 but renewed on 10/3/16. CG#4 Lapsed on CPR was due on/before 2/13/15 but renewed on 7/23/15 and 1st aid was due on/before 2/13/16 but renewed 10/3/16.

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

46.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

46.(d)(3) Client #2 side rail orders not present in the client's 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;

Comment:

52.(c)(2) Client #1 and #3: no code status in Service Plan present in the clients' charts.

52.(c)(5) Client #3's one medication on the Medication Administration Record did not match Doctor's order and Pharmacy Rx Label.

Compliance Manager

Cristina de la Haza

Primary Care Giver

Date

10-13-2016

Date

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- Written Plan of correction

Date: 10-21-16

7.1 (2)(1) CG# 3 will not lapse in crim again in the future.

41.(A)(7) CG# 1 and # 2 TB clearance will not lapse again in the future. CG# 4 completed TB clearance on 10/21/16.

41.(B)(8) CG# 1, 2, & 4 will not lapse in CPR & First Aid again in the future.

Plan Prevent:

The above lapses in TB clearance, CPR, First Aid & Crim will not happen again in the future because the home will create a Tracking Log in the computer to prevent all requirements from lapsing and overdue.

46(d)(3) client # 2 now has a side rail orders on 10/20/16.

52(c)(2) client # 143 code states completed by case manager in the service plan.

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52(c)(5) client # 3 medication & administration ~~is~~
record for one (1) medication now matches the
Doctor order & the pharmacy label.

Prevention for 46(b)(3), 52(c)(2), & 52(c)(5):
These will not happen again in the future because
the Home will work w/ the case manager for
any discrepancy for client record.

Date: 10/21/16

Sign: Cristina Dallaga

address:

1657 Malakia St. Kapaa, Hi. 96746