

Foster Family Home - Corrective Action Report

Provider ID: 1-110081

Home Name: Eliel Corpuz, CNA Review ID: 1-110081-6

6204 Ibis Ave. Reviewer:

Ewa Beach HI 96706 Begin Date: 10/1/2016 End Date: 11/3/2016

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 10/1/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/1/2016.

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 and CG#4 Second set of fingerprinting not present in the home.

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 Last TB clearance completed in 2010 but renewed 9/21/16 with about 6 years lapse. CG#3 and CG#4 No current TB clearance present in the home.

41.(b)(8) CG#3 Blood Borne Pathogen (BBP) expired on 2/11/16 but renewed 4/6/2016 with about 2 months lapse. CG#4 no current BBP present in the home.

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

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(b)(2) No documentation present that CG#2 conducted the fire drill in the home.

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

49.(a)(1) General;

Comment:

49.(a)(1) No Liability insurance present for CG#4.

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- 52.(c)(1) Client's vital information;
- 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)(1) Client #1 - Code status on Face Sheet checked not according to the Physician's Order for Life-Sustaining Treatment (POLST) dated 10/3/12 which is

52.(c)(2) Client #1 - Code status on Service Plan, Section 8, Special Information checked not according to the Physician's Order for Life-Sustaining Treatment (POLST) dated 10/3/12 which is

52.(c)(6) Client #1: Doctors order on and label on one of the medications did not match the medication administration record (MAR) for October 2016.

Compliance Manager

Primary Care Giver

Date

02 Nov 16

Date

Nov. 1, 2016 Written Plan of Correction

7.1(a)(1) Current fingerprinting for CG#3 has been sent to CTA (in March or April '16). A copy has been requested by this Foster Home.

CG#4 has been removed due to:

- a) non-submission of current TB clearance
- b) non-submission of current BFP Certificate
- c) not included in Liability Insurance

To prevent future occurrence:

The Home shall keep a "list and Expiry Dates" of certificates and clearances on each of the CG files.

41.(b)(3) CG#2 has been my SOG for the past 3 1/2 years. CG#2 has always been current with her certificates and clearances. It was only when my files got thicker that somehow her past certificates or clearances were inadvertently lost.

CG#3's TB clearance is current

41.(b)(7) CG#3's BFP lapse (for 2 mos) was an oversight (on the dates) by

both SOG & PCG.

CG#4 Removed.

To prevent further lapses, all past certificates and clearances shall be kept in the files of the CGs.

Lapses in/on the dates of clearances and certificates shall be avoided by the "List of Staff and Expiry Dates" included in the CGs files, before expiration dates.

48. (b)(2) Although CG#2 has participated in some of the Fire Drills, it was only in Oct. 7, 2016 that CG#2 conducted the Fire Drill.

All CGs shall be trained to conduct Fire Drills to prevent this to happen again.

49. (a)(1) CG#4 is removed for non-submission of pertinent/current clearances and certificates. CG#4 was also a recent addition, thus her name wasn't included in the Liability Insurance.

If ever CG#4 shall be added as SCG,
her name shall be included when
the Liability Insurance shall be renewed.

Client #1:

52(c)(1) Code Status has been corrected by
Case Management as per POLST dated 10/3/12

52(c)(2) Code Status has been corrected by
Case Management as per POLST dated 10/3/12

52(c)(5) The MAR has been corrected for Client #1
as per Dr.'s Order dated 2/3/2016

The Home shall coordinate with Case Management
and the PCG to review documents sent by
Case Management and must refer any
issues to the Case Management

Nov. 1, 2016

Eliezer Corpuz

ELI FOSTER HOME - Primary Caregiver
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