

# Foster Family Home - Corrective Action Report

Home Name: Mariza Magana, CNA

Review ID: 1-525339-7

94-1069 Hahana St

Reviewer:

Waipahu

HI 96797

Begin Date: 9/8/2016

End Date: 11/4/2016

## Foster Family Home: Required Certificate

[67-1454-6]

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

Comment:

6 (d)(1) Home visit made on 9/8/16 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/8/2016.

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

## Foster Family Home: Background Checks

[67-1454-7]

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 HHM#3 2nd set of fingerprinting not present in the home.

## Foster Family Home: Personnel and Staffing

[67-1454-11]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

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

Comment:

41.(b)(7) CG#3 Last TB clearance done on 2/20/14 and no current TB clearance present in the home.

41.(f)(1)HHM#5 TB screening clearance completed on 5/21/16 but no proof of TB skin test or chest x-ray results present in the home.

## Foster Family Home: Records

[67-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52.(c)(2) Client#1 Service Plan Section 8 "Special Information" indicated but the doctor's order in the Physician Orders for Life-Sustaining Treatment is

Compliance Manager

Primary Care Giver

Date

Date

Date: 11/04/2016

Written Plan of Correction

7.1. (a)(1). CG3. The 2<sup>nd</sup> set of fingerprinting completed on 09/20/16 and filed in the personnel file in the home binder at all times so this will not happen again in the future.

7.1. (a)(1). HHM3. The 2<sup>nd</sup> set of fingerprinting completed on 9/28/16 and filed in the personnel file in the home binder at all times so this will not happen again in the future.

4.1. (b)(7). Completed TB skin test dated \_\_\_\_\_ and filed in the personnel file. It is filed in the home binder at all times so this will not happen again in the future. Medical doctor issued TB clearance for CG3. The home now uses a tracking log for all requirements before expiration dates.

4.1. (f)(1). HHM5 Completed TB skin test dated \_\_\_\_\_ & chest x-ray. The TB results are kept in the home binder so this will not happen again in the future.

5.2. (c)(2). Service plan section 8 Case Manager RN changed \_\_\_\_\_ in the service plan section 8 according to Physician order for life sustaining treatment. Case Manager RN faxed the correction changes dated 09/13/16. The home now coordinates with Case Manager RN to make sure the service plan is updated accordingly so this will not happen again in the future:

Date: 11/04/2016

Signature: Maui Am Myers

Home address: 94-1069 Hahana St. Waipahu HI, 96797