

Foster Family Home - Corrective Action Report

Provider ID: 1-130062

Home Name: Karen Gay Antonlo, CNA
91-952 Hanakahi Street
Ewa Beach HI 96706

Review ID: 1-130062-4
Reviewer:
Begin Date: 11/14/2016

End Date: 11/30/2016

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 11/14/16 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/14/2016.

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

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) CG#3 lapsed on Adult Protective Service and Child Abuse Neglect (APS/CAN) due on/before 6/13/2016 done on 6/30/2016.

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#4 lapsed on TB Clearance due on/before 8/27/16 done on 10/3/16.

41.(b)(8) CG#1 lapsed First Aid due on/before 3/19/15 done 10/13/16; and Blood Borne Pathogen (BBP)lapsed due on/before 7/10/16 done on 10/15/16. CG#2 BBP lapsed due on/before 7/25/16 done 10/29/16. CG#3 lapsed on CPR and First Aid due on/before 1/27/16 done on 3/3/16.

Foster Family Home Records [17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) Client #1 Two of the medications did not match the doctor's orders, pharmacy Rx label, and the Medication Administration Record (MAR).

Compliance Manager

Karen Gay Antonlo

Primary Care Giver

Date

11/14/16

Date

Written Plan of Correction

November 29, 2016

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all State regulations, the CCFFH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the CCFFHs allegations of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

7.1. (a)(2) CG#3 will not lapse APS/CAN in the future because the home will use iPhone to track the requirements before its due date.

41.(b)(7) CG#4 will not lapse TB skin test in the future because the home has made a special calendar to track all requirements before its expiration date.

41. (b)(8) CG #1, #2 and #3 will not lapse on CPR/First Aid and Blood Borne Pathogen certifications in the future because the home has made a special calendar to track all requirements before its due date.

52. (c) (5) Client # 1 MAR didn't matched with the doctor's order and pharmacy label. Home called pharmacy to verify the order from the doctor's order and matched the two medicines. Home was able to get a copy of the medicines prescription and informed case management for them to revise the MAR. New copy of MAR received and kept in client #1 book. To prevent this to happen in the future, Home will check label every time pharmacy delivers medicine to the home and inform CMA, RN for any discrepancy.

Date: 11/29/16

Signed: 

Print: KAREN GAY ANTONIO
91-952 Hanakahi St.
Ewa Beach HI 96706