

Foster Family Home - Corrective Action Report

Provider ID: 1-150026

Home Name: Lillian Joaquin, LPN

94-1078 Hoomakoa Street

Waipahu HI 96797

Review ID: 1-150026-3

Reviewer:

Begin Date: 12/7/2016

End Date:

12/20/16

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 for a 2 bed changing to a 3 bed application. Corrective Action Report issued during home visit with a written plan of correction due to CTA by 1/7/17

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;

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.1 and 7.1.a.2 State name check lapsed for CG#1 was due on/before 9/4/16 and was done 11/10/16; APS/CAN background checks lapsed: was due on/before 9/4/16 and was done 11/15/16.

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.b.5 No confidentiality training present for CG#3

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 TB clearance lapsed for CG#2: was due on/before 7/24/16 and was done 11/3/16

41.b.8 CPR lapsed for CG#1: was due on/before 5/30/2016 and was done 6/30/16.
Blood Borne pathogen training lapsed for CG#3: was due on/before 3/5/16 and was done 4/23/16

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3 Person Staffing

3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility.

Comment:

41.3P.a.4. No job experience form on file for CG#3 showing 1 year of experience.

Foster Family Home

Medication and Nutrition

[17-1454-46]

46.(d)(1) By order of a physician;

46.(d)(2) Reflected in the client's service plan; and

Comment:

46.d.1-2. Client #1 as on service plan, No orders present.

3 Person Physical Environment

3 Person Physical Environment

[17-1454-48] (3P)

48.(3P)(a)(5) the room must have space for a dresser and nightstand for each client

Comment:

48.3P.a.5 There is currently no space for one additional dresser and nightstand in the shared client room.

Foster Family Home

Records

[17-1454-52]

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

Comment:

52.c.5 There are medication discrepancies for both clients where the prescription label, MD order and medication administration record of two medications for each client do not match.

Compliance Manager

D. Joaguir
Primary Care Giver

Date

12.7.16
Date

Written Plan of correction

7.1.(a), 13.1(b)(5), 41.(b)7, 41(b)8 will not lapse again. Need to make sure that this document is always up to date by setting up a planner and write reminders of when to review it. Check binder monthly, or weekly, and check documents that are about to expire to avoid this deficiency to happen again. Need to check documents and make sure that all documents are up to date (no lapse) so there is no document deficiencies in the future.

13.1.(b)(5), 41.(2P)(a)(4) PC6 removed SC6 through OTH office. av. room as SC6 gives notice of unavailability to work.

46.d.1-2 Client #1 Dr's order for _____ received on 12/14/16. The service plan reviews will be recorded and kept in the client record.

49.(2P)(a)(5) An adequate space for 1 additional dresser and nightstand has been established in the shared client room.

52.C.5 In the future I will be sure to check the medication record with the prescription label and the physician's order to make sure they are the same, and if not the same, I will contact the doctor to clarify the orders.

Lillian Tokovini 12.14.16
 LILLIAN TOKOVINI
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 Waipahu, Hawaii 96797