

# Foster Family Home - Corrective Action Report

Provider ID: 1-100100

Home Name: Laarnie Ann Buccat, CNA

Review ID: 1-100100-4

94-424 Waipahu Street

Reviewer:

Waipahu HI 96797

Begin Date: 10/25/2016

End Date: 12/17/16

## 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 on 10/25/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/25/2016.

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

## 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) CG#6 Confidentiality training documentation not present in the home.

## Foster Family Home Personnel and Staffing [17-1454-41]

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

11.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

11.(b)(7) CG#1 current TB clearance not present in the home.

11.(b)(8) CG#2 and #4 CPR due on/before 6/2/16 done on 6/26/16. CG#3 CPR due on/before 6/2/16 done on 7/7/16. CG#1, #2, and #4 First aid due on/before 6/2/16 done on 6/26/16.

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

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

Comment:

5.(b)(2) Fire drill not conducted by CG#6

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Foster Family Home

Insurance Requirements

[17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1) Liability Insurance for CG#6 not present in the home.

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;

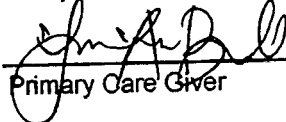
52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52.(c)(2) Client #1 code status not marked in Service Plan.

52.(c)(6) Client #1 RN monthly summary for June and July not present in the chart or home.

Compliance Manager



Primary Care Giver

Date

10.24.16

Date

10/25/2016 16:42 PM

**December 11, 2016**

**Corrective Action Plan**

**13.1(b)(5)**

**Fixed Citation:** CG#6 was trained on confidentiality policies and procedures and client privacy rights.  
**I will prevent this from happening again by** keeping Confidentiality training documentation for all CGs in Foster Home CG binder.

**41.(b)(7)**

**Fixed Citation:** I obtained a copy of my TB Questionnaire, which was done on 11/2/16.  
**I will prevent this from happening again by** always keeping copies of my TB Clearance or TB Questionnaire in my Foster Home CG Binder.

**41.(b)(8)**

**Fixed Citation:**  
CG#2, CG#3, CG#4 will not lapse in CPR in the future  
CG#1, CG#2, CG#4 will not lapse in First Aid in the future  
**I will prevent this from happening again by** keeping a tracking log with all the due dates for all CG requirements.

**45.(b)(2)**

**Fixed Citation:** CG#6 has conducted a fire drill on 11/4/16..  
**I will prevent this from happening again by** having the home fire drills conducted by all CGs in the future and that all CGs will be trained to implement and conduct appropriate emergency procedures in the event of a fire as soon as they become CTA approved to become SCG for my foster home.

**49.(a)(1)**

**Fixed Citation:** CG#6 was added to the liability insurance 11/1/16.  
**I will prevent this from happening again by** adding all CTA approved SCG for my foster home onto liability insurance by contacting agency.

**52.(c)(2)**

**Fixed Citation:** Case Management Agency marked code status in Service Plan for Client #1 10/31/16.  
**I will prevent this from happening again by** reviewing Client's Service Plan to make sure Code Status is marked.

**52.(c)(6)**

**Fixed Citation:** I called the Client Case Management Agency to obtain RN monthly summary for June and July.  
**I will prevent this from happening again by** keeping all RN monthly summaries in Client's chart, and if I do not receive RN monthly summary for one of the months I will contact Case Management Agency to obtain them.

Signature  Date 12 . 11 . 2016

**Laarnie's Foster Home**  
Laarnie Ann Buccat  
94-424 Waipahu Street  
Waipahu, HI 96797