

Foster Family Home - Corrective Action Report

Provider ID: 1-562175

Home Name: Ann Kim, CNA

Review ID: 1-562175-7

3055 Hollinger Street

Reviewer:

Honolulu

HI 96815

Begin Date: 12/13/2016

End Date: 2/8/17

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 12/13/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/13/2017.

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)-No current APS/CAN on CG#2 & CG#3 in binder.

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.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7)-No current TB screening results on CG#3 in binder.

41.(c)-CG#3 does not have 12 in-service training hours in binder.

Foster Family Home Physical Environment

[17-1454-48]

48.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

48(a)(5)-Fire extinguisher expired and is not charged.

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Foster Family Home

Records

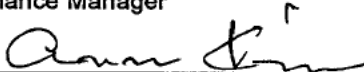
[17-1454-52]

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

Comment:

52(c)(5)- Routine medication listed on medication administration record for client #3 was missing in client #3's medication supply & no refills ordered.

Compliance Manager



Primary Care Giver

Date

12/13/16

Date

Written Plan of Correction

7(a)(1): APS/CAN on CG #2 & #3 was done on 12/27/16 and was put in folder. I will remember to put next APS/CAN date on my calendar.

41(B)(7): TB screen result on 12/22/16 CG #3 is in provider folder. Provider will mark calendar of TB clearance due dates.

41(c): 4 hours in service training done CG(3) by 12/29/16. Provider now understands SCG needs 12 hours in service training. I will remind them.

48(a)(5): Provider bought new fire extinguisher and put it in the kitchen. Provider will ^{check} change the fire extinguisher when we do a fire drill.

52(c)(5): Medicine discontinued by M.D. Case manager corrected the medicine record. Provider will check Dr's orders with medicine list and make sure medicines match.

Ann Kim
3055 Hollinger St.
Honolulu, HI 96815
2017/2/7