

Foster Family Home - Corrective Action Report

Provider ID: 1-622490

Home Name: Josefa Badua, LPN

Review ID: 1-622490-6

1840 Kamehameha IV Road

Reviewer:

Honolulu HI 96819

Begin Date: 12/8/2016

End Date: 1/9/2017

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 12/8/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/8/2017.

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;

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) HHM#5 current fingerprinting or eCrim not present in the home.

7.1.(a)(2) HHM#5 current Adult Protective Services and Child Abuse Neglect checks (APS/CAN) not present in the home.

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.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(b)(7) No proof of positive/negative TB skin test for CG#4.

41.(f) HHM#4 and HHM#5 Current TB clearance not present in the home.

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

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

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

Comment:

45.(a) Current documentations and maintenance of fire drill not present in the home.

45.(b)(2) Documentations of fire drill conducted by CG#2, #3, and #4 not present in the home.

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Foster Family Home

Records

[17-1454-52]

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)(6) Current RN/Social Worker monthly assessment not present in the home for Client #1

Compliance Manager

Josefa Prodea

Primary Care Giver

Date

12/8/16

Date

Written plan of correction

- 7.1 (a) (1) Household # 5 finish fingerprint
on date 12/21/16
- 7.1 (a) 2 HH M # 5 finish, APS & CAN checks
on 12/21/16 and Urin certified record 12/14/16
- 4.1 (B) (7) CB H # 4 - TB clearance & PPD results obtain
on 10/19/09 read 10/21/09 read results
indicator: 14 mar. TB clearance X-ray on 10/26/16
- 4.1 (F) HH M # 4, 5 - TB clearance done on 8/15/2011
- All of the above the home will prevent from
happening again by using calendar to remind
me to renew all of the above before expiring
- 4.5 (a) From now on the home will do fire drill
 $\frac{1}{8}$ month and will continue every month
at ferately day, evening & night. Fire drill done on 1/4/17
- 4.5 (b) (2) Caregiver #2 conducted fire drill on
Dec 12 at Sp. Caregiver 3 + 4 ^{will} conduct
fire drill on the following month and train all Cps.
- 5.2 (c) (6) RN Summary received on date for November 16
the home will keep track of client document
if missing the home will let the care manager
keep

Date - 1/6/17

Sign - Josefa Rodua

Address - 1840 Kan IV Road Homestead HI 96819