

# Foster Family Home - Corrective Action Report

Provider ID: 1-562886

Home Name: Lemelyn Maluyo-Mabuti, CNA

Review ID: 1-562886-5

94-1062 Kahuamoku Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/9/2016

End Date: 12/30/2016

## 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 12/9/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/9/2017.

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) CG#1 and CG#2 lapsed on eCrim due on/before 8/1/16 done on 8/23/16.

7.1.(a)(2) CG#1 and CG#2 lapsed on Adult Protective Services and Child Abuse Neglect checks (APS/CAN) due on/before 8/20/16 done on 9/1/16. CG#3 lapsed on APS/CAN due on 8/20/16 done 12/2/16.

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

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

Comment:

45.(b)(2) Documentations of CG#3 conducting fire drill not present in the home.

## Foster Family Home Records [17-1454-52]

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

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:

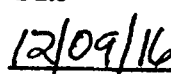
52.(c)(5) Client #1 and #2 Medication Administration Record (MAR), Pharmacy RX Label, and Doctor's order for one of their medications do not match.

52.(c)(6) Client #1, #2, and #3 RN summary for November 2016 not present in the home.

Compliance Manager

  
Primary Care Giver

Date

  
Date

## Written Plan of correction

December 28, 2016

7.1(a)(1) CG#1 and CG#2 will not lapse in eCrim in the future because CG#1 had made a tracking log for all requirements before due date.

7.1(b)(1) CG#1, #2, #3, will not lapse the APS/CAN in the future because CG#1 had made a tracking log and also noted in the calendar to remind CG#1 to renew eCrim before expiration date.

45.(b)(2) CG#3 Conducted fire drills on December 26, 2016 at 7:30 pm. The home conducted fire drills at day, evening, and night alternately so this will not happen again in the future. (Fire Drill attached).

The home fire drills will be conducted by all CG's will be trained to implement and conduct appropriate emergency procedures in the event of a fire.


52.(c)(5) Client #1 and #2 medication schedule checklist had been changed. It was a typo error on \_\_\_\_\_ part.

Client#1 and #2 This will not happen again in the future because CG#1 double check the medication checklist before put in the chart.

52.(c)(6) Client #1,#2,#3, RN summary for November 2016, RN forgot to live in the clients file.

I created a checklist to ensure compliance. So it will not happen again in the future.

Date: 12/28/2016

Signed:   
Lemelyn Maluyo-Mabuti  
94-1062 Kahuamoku Street  
Waipahu HI 96797