

Feb 05 17 03:00p

Estelita's Foster Care

p.2

### Foster Family Home - Corrective Action Report

Provider ID: 1-622268

Home Name: Lydia Estelita, RN

Review ID: 1-622268-4

84-1104 Kahuamo Street

Reviewer:

Waipahu HI 96797

Begin Date: 1/23/2017

End Date: 2/21/2017

**Foster Family Home Required Certificate [17-1454-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 client CCFFH recertification review made on 1/23/2017. Corrective Action Report issued during home visit with all items due to CTA by 2/23/17.

6(d)(1)-see applicable sections of the review.

**Foster Family Home Background Checks [17-1454-7.1]**

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)(2)-CG#3's APS/CAN lapsed (was due 11/7/15, done 10/24/16).

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

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

Comment:

41.(b)(7)-No current TB clearance on CG#4 present in caregiver binder.

**Foster Family Home Medication and Nutrition [17-1454-46]**

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

Comment:

46(d)(1)-Physician order missing for use of siderails and safety belt on Client #1 which is reflected in the service plan.

Compliance Manager

*Lydia Estelita*

Primary Care Giver

Date

*1/24/2017*

Date

WRITTEN PLAN of CORRECTIONS

Provider ID: 1-622268

Home Name: Lydia Estelita, RN  
94-1104 Kahuamo St.  
Waipahu, Hi. 96797

Review ID: 1-622268-4

Foster Family Home Background Checks [17-1454-6]

Comment:

7.1 (a)(2) – CG#3 APS/CAN lapsed (was due 11/17/15, done 10/24/16).

Corrective action:

When you visited on 1/23/2017, I missed to show you APS/CAN dated 11/17/13. It was kept on the old folder. I should had reviewed it first prior to your visit. The APS/CAN that had lapsed was done accordingly every other year.

Foster Family Home Personnel & Staff [17-1454-44]

Comment:

41(b)(7) – No current TB clearance on CG#4 present in caregiver binder.

Corrective action:

Copy of TB clearance for CG#4 dated February 1, 2017 in filed in providers binder.

To prevent this to happen again, I should double check and be sure she took it on the due date.

Foster Family Home Medication and Nutrition [17-1454-46]

Comment:

46.(d)(1) - Physician order missing for use of siderails and safety belt on Client #1 which is reflected in the service plan.

Corrective action:

Visiting RN CM of Blue Water Resources informed about the missing order of bilateral siderail and safety belt. Doctors order was issued on January 25, 2017 by To prevent this to happen, make sure that physician order is reflected in the service plan.