

# Foster Family Home - Corrective Action Report

Provider ID: 1-559148

Home Name: Josephine Pascua, CNA

Review ID: 1-559148-7

94-423 Hokuala Street

Reviewer: Carrie Wakai

Mililiani HI 96789

Begin Date: 6/1/2017

End Date: 6/28/2017

## 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 for a 2-bed recertification survey. Corrective action report issued during home visit with corrective action plan due to CTA on 7/01/2017.

## 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)& 7.1(a)(2)-APS/CAN lapsed on CG#1 due 5/9/16 done 6/3/16; CG#3 due 5/6/16 done 6/2/16; HHM #2 due 5/6/16 done 6/5/16. No APS/CAN/Fingerprinting present on HHM#3. CG#2 e-crim lapsed due 7/18/16 done 8/14/16.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41(f)(1)-No TB clearance present on HHM#3.

## Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43(c)(3)-No RN task delegation/skill testing on SCG#2 for client #1.

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

46.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

46(e)-No [REDACTED] training present for client #1.

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Foster Family Home

Records

[17-1454-52]

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

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Comment:

52(c)(5)-No MD order present for a medication that was held during the month of May 2017 on client #1.

*Carrie Wakai RN*

\_\_\_\_\_  
Compliance Manager

*Joselyn Pan*

\_\_\_\_\_  
Primary Care Giver

*6-1-2017*

\_\_\_\_\_  
Date

*6/1/2017*

\_\_\_\_\_  
Date

Corrective Action Report

Date: June 28, 2017

Home Name: Josephine Pascua

7.1(a)(1) & 7.1(a)(2) CG #1, CG#3, HHM #2 I fixe the APS/CAN & also CG#2 e-crim by completing. But completed late. Make sure I will put note on top of my binder for CG #1, CG #2, CG#3, HHM #2 when it time to renew and I will ckeck it frequently. HHM #3 APS/CAN Fingerprinting schedule on 6/28/2017


41(f)(1) TB clearance for HHM#3 done on June 7, 2017 (result 0mm) I make Sure I included a reminder note and put it on top of my binder.

43(c)(3) RN task delegation /skill on SCG#2 for client #1 CM/RN completed and I put It on client binder. I put note on client binder to remind me if there is any missing task Delegation for my caregiver.

46(e) [REDACTED] training for client #1 CM/RN completed 6/6/2017 and I put it in client binder. Provider will remind CM when there is a need for training of Other clients.

52(c)(5) MD order of client's medication correction was made on 6/20/2017. The provider will re-check MD medication orders and inform CM if there are any changes.

Thank You

  
Josephine Pascua

94-423 Hokuala st. Mililani, Hi. 96789