

Foster Family Home - Corrective Action Report

Provider ID: 4-562977

Home Name: Evelyn Aquino, CNA

Review ID: 4-562977-9

421 Waiehu Beach Rd.

Reviewer: Sue Lo

Wailuku HI 96793

Begin Date: 6/29/2017

End Date: 7/24/2017

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 6/29/2017 for a 2-bed change to 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 7/13/2017.

6 (d)(1) see applicable sections of this review.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(a)(3) Home experience form for CG#1, CG#2, and CG#4 not present in the home.

41.(b)(7) Proof of positive and negative TB clearance not present in the home for CG#1 and CG#2. Lapsed on TB clearance due on/before 7/3/2016 - was done on 7/22/2016 for CG#3.

41.(b)(8) Lapsed on Blood borne pathogen (BBP) was due on/before 1/27/2017 - was done on 2/3/2017 for CG#1 and CG#2; Lapsed on CPR and first aid due on/before 4/29/2016 - was done on 2/6/2017 for CG#2 and due on/before June ? 2016 - was done on 8/6/2016 for CG#3.

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) Documentation to train and implement appropriate emergency procedures in the event of a fire not present in the home for CG#3.

Foster Family Home


Records

[17-1454-52]

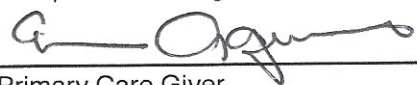
52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) Medication Administration Record, MD orders, and Rx label do not match for Client#1.


Compliance Manager

7/23/2017
Date


Primary Care Giver

7/23/17
Date

7/24/17

WRITTEN PLAN OF CORRECTION

41.(a)(3) Home Experience Form was filled was done by
CG#1, CG#2 and CG#4. Completed for
7/1/17, 7/8/17 and 7/8/17. ~~Completed for~~
Home job experience Form
filed in Home Binder Permanently completed signed

Proof of TB

1.(b)(7)
Home Obtain. the position of positive/negative
TB clearance CG#1 on 11/29/1993 and on
10/12/2004 for CG#2, CG#3 will not lapse on
TB clearance anymore.

The Home will file TB Clearances in a
timely manner.

In the future Home will make sure that
positive/negative TB clearances and make sure
no lapses will occur file and secure in
Home Binder Permanently for all Caregivers.
To prevent lapse in TB Clearance The Home
will use calendar to remind a Caregiver's
to update TB clearance before expiration
date to prevent lapse.

41.(b)(8)

CG's ~~##~~ will not lapse again BBP in the future. Home will make sure that BBP will be done in timely manner. CG #1 and CG #2. File and secure in HomeBinder.

In The Future Home will make sure all CG's will ^{not} lapse on BBP to write on calendar and renew before expiring.

45.(b)(2)

I trained CG #3 to conduct Fire Drill on 7/1/17 @ 8am Fire Drill Form was signed by CG #3. Form filed and secured in HomeBinder

Present

In the future PGG will train all new CG's how to conduct Fire Drill To prevent in Emergency to assure safety To All clients in the Home.

52.(c)(5)

The Home will make sure the changes of
RX Label will be clarify for Client #1
So that ^{Rx Label} MAR, MD, ORDERS All Match.
In the future PCG will coordinate CM/RN
to make sure the documents have no
Discrepancy for all clients chart

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Wailuku, HI 96793