

# Foster Family Home - Corrective Action Report

Provider ID: 1-150058

Home Name: Grace Dolor, RN

45-216 Makahio St.

Kaneohe

HI 96744

Review ID: 1-150058-3

Reviewer: Sue Lo

Begin Date: 8/8/2017

End Date: 9/18/2017

## 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 8/8/2017 for a 2-bed recertification and requested to change to 3-bed. Corrective action report issued during home visit with corrective action plan due to CTA on 9/8/2017

## 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;

Comment:

7.1.(a)(1) Second sets of fingerprinting not present in the home for HHM#2 and HHM#3.

## Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5) Confidentiality/Privacy and clients privacy rights document of training not present in the home for HHM#4.

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

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

Comment:

41.(b)(7) TB Clearance done on 4/24/2017 for CG#1 and 7/20/17 for CG#3 but 2016 TB clearance not present in the home.

41.(b)(8) CPR done on 4/8/2017 and documentations of CPR done between 2015 to 2017 not present in the home for CG#1. Lapsed in CPR/First aid due on/before 5/17/17 was done on 7/26/2017 for CG#2 and CG#3.

41.(f)(1) TB Clearance last done on 7/21/2017 and 2016 TB clearance not present in the home for HHM#2. Lapsed in TB Clearance due on/before 5/24/2017 was done on 10/30/17 for HHM#4



September 18, 2017

Written Plan of Correction

17-1454-7.1 Second sets of fingerprinting was done on 7/24/17 for HHM#2 and was done on 7/24/17 for HHM#3. Prevention plan is to make sure the home will keep the records up to date and will utilize the computer calendar to keep track of records.

**17-1454-13.1.(b)(5)** HHM#4 provided and training on confidentiality/privacy and clients privacy rights on 8/8/17. Prevention plan is the PCG will conduct annual review and education on confidentiality/privacy.

17-1454-41.(b)(7) TB Clearance on done 4/24/17 for CG#1 and 7120/17 for CG#3. Prevention plan would be the home will make sure the TB clearance is done on time, and will keep track of by utilizing the computer calendar,

17-1454-41.(b)(8) CPR done on 4/8/17 for CG#1. CPR/First Aid lapse cannot be fix so CG#2 and CG#3 wilt not lapse in the future. Prevention plan is to make sure the records are kept up to date, and utilize the computer calendars to keep track to renew all requirements before they expire

17-1454-41.(f)(1) TB Clearance was done on 7/21117 on HHM#2. HHM#4 TB clearance lapse cannot be fixed but will not lapse again in the future, Prevention plan is to make sure the records are kept up to date, and utilize the computer calendars to keep track so all requirements will be renewed before expiration date.

**17-1454-41.(3P)(a)(3)** Completed job experience forms on 9/8/17 for CG#1, CG#2, and CG#3, Prevention plan is to make sure that the experience forms are completed on a timely manner for all new CGs in a 3-bed home and keep them in the home binder records,

**17-1454-43.(c)(3)** RN case manager emailed the Nursing Delegation documents for Client #1, and received the documents on 9/14/17. Prevention plan: the PCG will coordinate with RN case manager to ensure that the records are current and up to date.

**17-1454-52(c)(1)** RN case manager emailed the updated Face sheet with corrected code status for Client #1, and received documents on 9/14/17. Prevention plan: the PCG will coordinate with RN case manager to ensure that the records are current and up to date.

**17-1454-52.(c)(2)** The Service plan for Client #1 was received on 8/27/17. Prevention plan: PCG will coordinate with RN case manager to ensure that the records are current and up to date.

**17-1454-52.(c)(5)** The corrected MAR was started on 9/1/17 and now matches for MD orders, Rx Label, and the MAR. Prevention plan is PCG will coordinate with RN case manager to ensure that the MAR matches the Pharmacy Rx labels and doctor's orders. PCG will fax all Doctor's orders to case management on a timely manner.

**17-1454-52.(c)(6)** RN case manager emailed to CG#I the missing monthly visit documents for March, April, and July 2017 on 9/14/17. Prevention plan: the PCG or SCG will ask for a copy of monthly visits when the RN case manager comes to visit the home.

Signed: 9/18/17

*Grace R. Dolor*

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