

Foster Family Home - Corrective Action Report

Provider ID: 1-170014

Home Name: Jaimie Cabo, RN

Review ID: 1-170014-1

114 Kaniahe Place

Reviewer: Carrie Wakai

Wahiawa HI 96786

Begin Date: 5/25/2017

End Date: 9/12/2017

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 for a new 2 bed change of PCG certification survey. A corrective action report was issued during the visit with written plan of correction due to CTA by 6/8/2017.

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)-No confidentiality policies and procedures present.

Foster Family Home Personnel and Staffing

[17-1454-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41(b)(5)-No current automobile insurance policy present.

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 delegation and skills training present on CG#5 and CG#6. No nebulizer delegation training present on Client #1.

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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)-Medication administration record entries are not up to date.

52(c)(6)-Vital signs flow sheet filled out for 5/26 although today's date is 5/25.

Carrie Wakai RN
Compliance Manager

[Signature]
Primary Care Giver

5/25/17
Date

5/25/17
Date

Written Plan of Correction

June 5, 2017

13.1(b)(5) The home reviewed confidentiality policies and procedures and received signatures from all 6 caregivers after training completed. The CCFH substitute and adult household member training document will be filed in the home records binder.

41.(b) (5) The home obtained a current automobile insurance policy with proper coverage amounts and placed it in the home record binder. The home will ensure up to date automobile insurance will be kept in the home record binder.

43.(c)(3) The home contacted client #1 case management agency on June 1, 2017. The case manager came to the home on June 5, 2017 and performed delegation training to all caregivers for administration of Nebulizer treatments. The case manager also completed delegation and skills training for client #1 to caregiver #5 and caregiver #6. Signatures were obtained after the training and will be filed in the client's record.

52.(c)(5) The home will ensure that medication is administered as prescribed and will sign off on the MAR immediately after administering the medication. The home will ensure that vital signs are documented on the correct date. (b)(7)(C)



Jaimie Cabo
114 Kaniahe Place
Wahiawa, HI 96786