

Foster Family Home - Corrective Action Report

Provider ID: 1-160090

Home Name: Alma Joy Ramones, NA

Review ID: 1-160090-2

91-205 Naina Place

Reviewer: Sue Lo

Ewa Beach

HI 967606

Begin Date: 10/16/2017

End Date: 12/10/2017

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. Corrective action report issued during home visit with corrective action plan due to CTA on 11/16/2017.

Foster Family Home

Information Confidentiality

[17-1454-13.1]

13.1.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

13.1.(c)(2) Client#1 Consent Form not present in the Home.

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.

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

41.(f) The Primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(b)(5) Car insurance and/or Alternate Transportation Plan not present in the home for CG#1.

41.(b)(7) TB clearance expired on 9/19/16 and no current TB clearance present in the home for CG#1. No proof with negative/positive TB skin test or X-Ray for CG#2.

41.(f) No proof with negative/positive Tb skin test or X-Ray for HHM#3.

Foster Family Home

Fire Safety

[17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.


Comment:

45.(a) & 45(b)(2) Unannounced fire drill document at different times not present for CG#1 and CG#2.

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Alma Joy Ramones
 CCFFH Address: 91-205 Naina Place, Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
13.1(c)(2)	Consent form picked up from Case Manager RN (CM) for client #1.	11/11/17	Consent form filed in client binder & PCG works with CM for updates. Car insurance placed in home binder and renew yearly. Proof of +/- results put in file for CG#2 and HHM#3 in home binder. Home use calendar to remind PCG to renew TB clearance yearly. PCG trained all CGs to conduct unannounced fire drill day, evening, night & will train CG#2 next month and will conduct fire drill monthly. Client #1 account is recorded and kept in the client's binder and to continue to maintain client #1 account record and for all client. From now on CGs will initial every medication administered to clients. From now on CGs complete all flow sheet daily for all clients. PCG completed Personal Inventory for client #1 and will complete for all future new clients.
41.(b)(5)	Car insurance obtained for CG#1	11/1/17	
41.(b)(7) & 41.(f)	TB clearance done for CG#1 and proof of positive/negative results obtained for CH#2 and HHM#3	11/13/17	
45.(b)(2)	Unannounced fire drill conducted by CG#1.	10/25/17	
47.(a)	Client #1 allowance documented on the Client Account Record.	10/25/17	
52.(c)(5)	Medication Administration Record continue to record with initial after each medication is given for Client #1.	10/16/2017	
52.(c)(6)	Daily flow sheet completed for client #1.	10/17/17	
52.(c)(8)	Personal inventory completed.	10/21/17	

Primary Caregiver's Signature: 

Print Name: ALMA JOY RAMONES

Date of Signature: 11-14-17