

Foster Family Home - Corrective Action Report

Provider ID: 1-130050

Home Name: Baltazar Mayo, NA

Review ID: 1-130050-6

91-706 Poloula Place

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 10/16/2017

End Date: 11/07/2017

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 person CCFFH recertification survey. A corrective action report was issued with all required items due to CTA by 11/16/17.

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

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

Comment:

41(b)(8)-No current first aid training present for CG#2.

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.

Comment:

45(a)-Signature of PCG/SCG who conducted the fire drill not present on fire drill documents.

Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1(a)-Signatures of the home's SCGs on the emergency preparedness plan not present.

Foster Family Home Records [17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52(c)(5)-MAR does not match the MD orders and Rx label for a medication on client #1.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

10/16/17
Date

10/18/17
Date

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

CCFFH Name: Baltazar Mayo
 CCFFH Address: 91-706 Poloula Place, Ewa Beach HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	CG #2 obtained CPR/ First Aid through BLS American Heart Asso. Certificate issued on 04/14/2017. It was placed in administering binder.	10/16/2017	Home shall keep log book of requirements with expiration. Maintain orderly records keeping.
45.(a)	SCGS conducting fire drills shall fill up forms complete with signature and properly filed.	10/17/2017	PCG shall see to it, forms are properly filled up, signed by SCG conducting the drill.
48.1(a)	CG #2 signatures on emergency preparedness plan not present. CG #2 is newly added SCG in the home.	10/17/2017	PCG needs to be responsible to let new SCGS sign and understand emergency preparedness plan.
52.(c)(5)	MD orders did not match Rx label. PCG advised pharmacy to update and correct # of meds be issued.	10/17/2017	PCG shall reconcile MD orders vs Rx labels right after new orders are issued and to effect changes in mar.

Primary Caregiver's Signature: _____

Print Name: BALTAZAR MAYO

Date of Signature: 10/20/2017