

Foster Family Home - Corrective Action Report

Provider ID: 1-577372

Home Name: Mark Tapangan, CNA

Review ID: 1-577372-6

91-1771 Punako Street

Reviewer: Sue Lo

Ewa Beach HI 96706

Begin Date: 11/3/2017

End Date: 12/11/2017

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 12/3/2017.

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) Lapsed on eCrim due on/before 9/26/15 was done 11/02/17 for CG#2.

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.

Comment:

41.(b)(7) Lapsed on TB clearance due on/before 10/20/15 was done 9/13/17 for CG#1.

41.(b)(8) Lapsed on Blood Borne Pathogen due on/before 6/1/16 was done 2/4/17 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 for conducting fire drill not present for CG#3.

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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;
- 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)(2) Service Plan was last done on 2/15/2017 and no current Service Plan present in the home for Client #1.

52.(c)(6) Last nursing visit summary was done on 9/15/17 for Client #1 and Client #2. Nursing visit summary for Sept 2006 to January 2017 not present in the home.



Compliance Manager



Primary Care Giver

11/3/2017

Date

11/3/2017

Date

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

CCFFH Name: Mark Tapangan
 CCFFH Address: 91-1771 Punahoa Street, Ewa Beach, Hawaii 96704

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(b)(1)	Lapse cannot be corrected.	11/3/2017	CG #1 knows that background checks are very important therefore CG #1 will keep track with a calendar to acquire all background checks within their time period before they expire.
41.(b)(7)	Lapse cannot be corrected	11/3/2017	CG #1 knows that TB clearance are very important, therefore CG #1 will keep track of all TB clearances with a calendar and acquire them within their time period before they expire.
41.(b)(8)	Lapse cannot be corrected	11/3/2017	CG #1 knows that bloodborne pathogens are very important, therefore CG #1 will keep track of all bloodborne pathogens with a calendar and acquire them within their time period before they expire.
45.(b)(2)	CG #3 conducted nighttime fire drill	11/16/2017	CG #1 and CG #3 knows the importance of conducting fire drills. Therefore CG #1 and CG #3 will conduct fire drills in different times at day and night to ensure proper fire drill training.
52(c)(2)	Case manager placed service plans in home	11/17/2017	Case manager and CG #1 knows that keeping all service plans in the home are very important. Case manager and CG #1 keep track of service plan dates with a calendar to ensure all service plans are in the home and up to date.

Primary Caregiver's Signature: 

Print Name: Mark Tapangan

Date of Signature: 11/19/2017