

Foster Family Home - Corrective Action Report

Provider ID: 1-622490

Home Name: Josefa Badua, LPN

Review ID: 1-622490-7

1840 Kamehameha IV Road

Reviewer: Carrie Wakai

Honolulu HI 96819

Begin Date: 12/21/2017

End Date: 1/22/2018

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 3 person CCFFH recertification survey. A corrective action report was issued during the visit with all required items due to CTA by 01/21/18.

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 policy and procedures training provided to all caregivers and household members present in the home's folder.

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 blood borne training present for CG#3.

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 nursing delegation present for CG #2, CG #4 & CG #6.

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)-No documentation of fire drill conducted by CG #6.

Carrie Wakai

Compliance Manager

1/22/18

Date

Josefa Badua

Primary Care Giver

1/21/18

Date

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

CCFFH Name: Josefa Badua, LPN

CCFFH Address: 1840 Kamehameha IV Road Honolulu HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.(3) (c)	RN Delegation was done for CR#2, CR#4 & CR#5 by client's CMA. It was placed into the client record.		Home will notify client's CMA that RN delegation needs to be performed w/in 14 days of a caregiver being added to the home.
45.b.2	Fire drill was done CR#6 form has been put into home binder	12/29/17	Fire drills will be done by each caregiver at least once a year home developed a schedule and has it posted on the refrigerator.

Primary Caregiver's Signature: Josefa Badua

Print Name: JOSEFA BADUA

Date of Signature: 1/21/18

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

CCFFH Name: Josefa Badua, LPN
 CCFFH Address: 1840 Kamir Road, Honolulu 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
13.1(b) (5)	Confidentiality policy and procedure training provided to all caregivers and household present in the home's folder.	1/2/18	Provide training to all new caregivers + household will receive this training w/ 07 days of being added to the home
41.6) (8)	Current blood work training present for CG #3 was found and was placed into client binder.	12/21/17	After attended the inservices put the paper in the folder right away.

Primary Caregiver's Signature: Josefa Badua

Print Name: JOSEFA BADUA

Date of Signature: 1/21/18