

Foster Family Home - Corrective Action Report

Provider ID: 1-613803

Home Name: Genedina Albano, CNA

Review ID: 1-613803-6

91-1372 Kamahoi Street

Reviewer: Sue Lo

Ewa Beach HI 96706

Begin Date: 1/9/2018

End Date: 2/9/2018

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 made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/09/2018.

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

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

Comment:

41.(b)(7) Lapsed on TB Clearance due on/before 8/18/17 was done on 9/7/17 for CG#3.

Foster Family Home Records [17-1454-52]

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;

52.(c)(8) Personal inventory.


Comment:

52.(c)(6) Monitoring flow sheets for Dec. 15 to 31, 2017 with no entry and last nursing assessment done on 10/04/2017 and no current nursing assessment present in the home for Client #3.

52.(c)(8) Personal Inventory list not present in the home for Client #3.



Compliance Manager



Primary Care Giver

11/09/2017
Date

01/09/2018
Date

CORRECTIVE ACTION REPORT

CCFFH Name: Genedina Albano

CCFFH Address: 91-1372 Kamahi ST. Ewa Beach HI. 96706

<u>Rule Number</u>	<u>Corrective Action Taken</u>	<u>Date corrected</u>	<u>Prevention Strategy</u>
41b7	Lapse can not be undone	01/09/2018	TB clearance is very important for my CCFFHome. From now on, i will be carefull to keep track on all expiration dates using my iPhone so it will not happen again, and i will check it every month.

52 C6
52 C8

Contacted The case manager RM regarding monitor Flowsheet, nursing assessment and client inventory List. Corrected on 01/15/2018 To The CM agency. 01/15/2018 Case manager agency corrected The Flowsheet, nursing assessment and client inventory.

From now on when PCG receive a respite care client I would check the chart more thoroughly and report to case manager any missing document immediately.

Primary Caregiver *Shell*
Genedina Albano
2/6/2018