

Foster Family Home - Corrective Action Report

Provider ID: 1-090126

Home Name: Zenaida Agsalda, CNA

Review ID: 1-090126-5

99-060 Nalopaka Place

Reviewer: Carrie Wakai

Aiea HI 96701

Begin Date: 1/25/2018

End Date: 2/05/2018

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 client CCFFH re-certification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 2/25/2018.

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)-Current TB screening form present in the Home's folder but there is no proof of positive TB skin test and/or Chest x-ray for CG#1, CG#2 & HHM #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)-No documentation of fire drill conducted by CG#2.

Foster Family Home Client Account [17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47(a)-The account record for client #2 shows \$50 allowance was used to purchase cans of supplemental feeding/thickener.

Foster Family Home Records [17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52(c)(5)-Checklist for 2 medications on client #1 was not completed for a week in January.

Carrie Wakai

Compliance Manager

[Signature]
Primary Care Giver

1/25/2018

Date

1/25/2018

Date

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

CCFFH Name: Zenroz Ohana Care LLC

CCFFH Address: 99060 Nalopaka Place, Aiea HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47(a)	<p>client #2 shows \$50 was used to purchase cans of supplemental feeding/thickener</p> <p>corrective actions plan- In order to meet the requirements of Hawaii Administrative Rules for the CCFFH, I, the PCG shall provide the client with [REDACTED] and will not utilize the client's \$50 allowance for this purpose going forth from now on.</p>	<p>02/05/18</p> <p>02/05/18</p>	<p>I will contact my CCMA to assist me to see if the supplemental feeding/thickener is covered under his/her insurance</p>

Primary Caregiver's Signature: _____



Print Name: _____

LENAIDA AGSALDA

Date of Signature: _____

2/5/2018

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

CCFFH Name: Zenroz Care LLC

CCFFH Address: 99060 Nalopaka Place, Aiea HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52(c)(5)	<p>2 medications on client #1 was not completed for a week in January</p> <p>In order to meet the requirements of Hawaii Administrative Rules for the CCFFH, I, the PCG will document the medications immediately at the point of care (administration of medications).</p>	02/05/18	I will counsel my substitute caregivers on completing the medication check lists immediately at the point of care to show completion and appropriate documentation for the medications being administered.

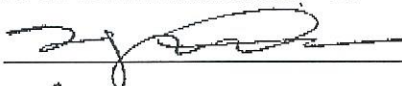
Primary Caregiver's Signature: 

Print Name: ZENAIDA AGSAJDA Date of Signature: 2/5/2018

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

CCFFH Name: Zenroz Ohana Care LLC
CCFFH Address: 99-060 Nalopaka Place Aiea 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(7)	files has been found. it was in home records. PCG #1 [redacted] 19 mm 12/01/92, x-ray 06/01/98	02/05/18	will have calendar spreadsheet to inform us two months prior to expire. <i>will keep chest x-ray's in current home record at all times.</i>
	CG #2 [redacted] x-ray done 09/10/2001	02/05/18	
	HHM [redacted] x-ray 11/21/1997	02/05/18	
45(a)	CG #2 [redacted] done 1/28/18	02/05/18	substitute shall do fire drill at lease once per year. will keep record on calendar of events posted. conducted by [redacted] and assisted by PCG [redacted]

Primary Caregiver's Signature: 

Print Name: ZENNAIDA ARGALDA Date of Signature: 2-15/2018