

Foster Family Home - Corrective Action Report

Provider ID: 1-559221

Home Name: Elizabeth Catalan, CNA

Review ID: 1-559221-4

94-602 Kipou Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 2/7/2018

End Date: 3/30/2018

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 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 3/07/2018

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 2/4/17 was done on 3/29/17 for CG#1. Fingerprinting was last done on 8/23/16 and no 2nd set of fingerprinting in the home for HHM#2

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 to conduct unannounced fire drill not present the home for CG#3.

Foster Family Home


Records

[17-1454-52]

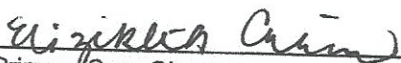
52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52.(c)(6) Monthly nursing assessment for January 2018 not present in the home for Client #1 and Client #2.


Compliance Manager

2/7/2018
Date


Primary Care Giver

2/7/18
Date

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

CCFFH Name: ELIZABETH CATALAN

CCFFH Address: 94-602 KIPOH ST. WAIKAIHU, HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1)	LADSE CANNOT FIX.	2/22/2018	HTME UNDERSTANDS BACKGROUND CHECK AND WILL USE CALENDAR HANG IT IN KITCHEN WALL. PCG RECORDED REQUIREMENTS ON THE CALENDAR AND CHECK IT MONTHLY.
	SECOND FINGERPRINTING DONE BY HHM #2	3/1/2018	RESULTS OF 2 ND FINGERPRINTING PUT IN THE HTME BINDER AND WILL NOT TAKE OUT ANYMORE.
45.(b)(2)	TRAINED CG#3 AND CONDUCTED UNANNOUNCED FIRE DRILL AND FORM FILED IN PCG BINDER.	2/28/2018	PCG IS AWARE THAT ALL CG'S NEED TRAINING TO CONDUCT FIRE DRILL AT LEAST ONCE A YEAR. A SCHEDULE FOR MONTHLY RANDOM FIRE DRILL MADE IN THE CALENDAR POSTED IN THE KITCHEN.
52.(c)(6)	CASE MANAGER RN FAXED THE NURSING ASSESSMENT FOR JANUARY AND FILED IN CLIENT #1 AND CLIENT #2 CHARTS.	2/28/2018	HTME CHECK NEEDS TO CHECK CLIENTS RECORDS FOR ANY MISSING DOCUMENT FOR CLIENTS AND LET CASE MANAGER RN KNOW RIGHT AWAY. THIS WILL PREVENT FUTURE DEFICIENCIES.

Primary Caregiver's Signature: *Elizabeth Catalan*

Print Name: ELIZABETH CATALAN

Date of Signature: 3/22/18