

Foster Family Home - Corrective Action Report

Provider ID: 1-110037

Home Name: Bernadette Aquino, CNA

Review ID: 1-110037-5

92-790 Paakai St

Reviewer: Sue Lo

Kapolei

HI 96707

Begin Date: 4/9/2018

End Date: 4/20/18

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 5/9/2018.

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) Confidentiality/ Privacy Rights Training for CGs #2,3,4, and 5 not present in the home.

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) Lapsed on Blood Borne Pathogen (BBP) due on/before on 9/20/17 was done on 2/1/18 for CG#1.

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) Unannounced night fire drill documentation not present in the home.

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 last done on 2/12/2018 and no March nursing assessment present in the home for Client #1 and #2.


Compliance Manager

4/9/2018
Date

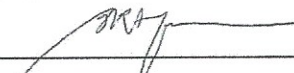

Primary Care Giver

4/9/2018
Date

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

CCFFH Name: **Bernadette Aquino, CNA**
 CCFFH Address: **92-790 Paakai St. Kapolei, HI 96707**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
13.1. (b) (5)	CG's #2,3,4 & 5 was trained on Confidentiality/Privacy Rights and signed the form. It was placed in Administrative Binder.	4/10/18	PCG make it sure that upon adding CG & HHM will trained and signed Confidentiality / Privacy Rights to prevent future deficiency.
41. (b) (8)	Lapse cannot be redo.	4/9/18	Home use a calendar for all requirements and posted calendar in the kitchen wall to prevent future deficiency. Home will check calendar at least once a month for any updates needed.
45. (a)	Unannounced fire drill at night done at 8:00 PM, April 10, 2018.	4/9/18	PCG will informed other CG's to schedule fire drill at different times of a day, evening and night to prevent future deficiency.
52. (c) (6)	March monthly assessment for Client 1 & 2. I obtained and placed into their respective client binders.	4/11/18	PCG will make it sure that monthly assessment for clients was turned in on time & placed in clients binder to prevent future deficiency by working as a team with CMA,RN.

Primary Caregiver's Signature: _____ 

Print Name: Bernadette Aquino

Date of Signature: 4-17-18