

Foster Family Home - Corrective Action Report

Provider ID: 1-510182
Home Name: Marilou Tomas, CNA
94-253 Loaa Street
Waipahu HI 96797
Review ID: 1-510182-6
Reviewer: Sue Lo
Begin Date: 3/6/2018
End Date: 5/4/2018

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 4/06/2018

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

13.1.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

13.1c.1-2 Consent Form for Client #1 not present in the Home.

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) TB clearance for Screening was done on 5/2/17 without +/- proof of skin test or Chest X-Ray results for CG#2

Foster Family Home Records [17-1454-52]


52.(c)(1) Client's vital information;


52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52.c.1 Provider's Order for Life-Sustaining Treatment (POLST) does not match Vital Information Sheet (Face Sheet) for Code Status for Client #1.

52.(c)(2) Last Service Plan was done on 6/12/17 and no December Service Plan present for Client #1.



Compliance Manager


Primary Care Giver

3/6/2018

Date

3/6/18

Date

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

CCFFH Name: Marilou Tomas

CCFFH Address: 94-253 Loaa Street, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
13.(c)1(1) 13. (c)(2)	Case manager nurse gave Consent Form to home and filed in Client #1 chart.	3-22-2018	Home understand Consent Form and will make sure it is in Client's chart. PCG will call Case Manager nurse when missing record for clients.
41.(b)(7)	Proof of positive/negative results got from CG#2 dated 3-7-2017	3-7-2017	PCG understands TB clearance screening need proof of positive and negative results. Proof placed in home binder.
52.(c) (1) and (c) (2)	Case manager nurse corrected the code status and the Service plan for Client #1 when she visited.	3-22-2018	Home understand when clients record not right will contact Case Manager Nurse to correct for clients.

Primary Caregiver's Signature: Marilou B. Tomas

Print Name: MARILOU TOMAS

Date of Signature: 4/16/18