

Foster Family Home - Corrective Action Report

Provider ID: 1-560913

Home Name: Lydia Ramiscal, CNA

94-185 Hulahe Street

Waipahu HI 96797

Review ID: 1-560913-7

Reviewer: Sue Lo

Begin Date: 4/30/2018

End Date:

7/26/18

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 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 5/30/2018.

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;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) Fingerprinting results for CG#3 and CG#5 not present in the home. Lapsed on eCrim due on/before 4/13/16 was done on 4/24/18 for HHM#1 and HHM#2.

7.1.(a)(2) Lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN) due on/before 4/14/18 was done on 4/26/18 for HHM#1 and HHM#2.

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) Documentation of Confidentiality policies and procedures training not present for CG#5.

Foster Family Home - Corrective Action Report

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

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).
- 41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and
- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
- 41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(b)(4) Disclosure Form not present for CG#5.

41.(b)(7) and 41.(f) Lapsed on TB Clearance due on/before 6/31/17 was done on for 11/14/17 CG#4. Proof on positive/negative of TB skin test or Chest x-ray not present in the home for CG#5. TB clearance due 6/13/17 but no renewal done for HHM#2.

41.(e) Approval Form not present in the home for CG#5.

3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

- 41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility,

Comment:

41.(3P)(a)(4) Job experience form not completed by CG#5.

Foster Family Home Medication and Nutrition [17-1454-46]

- 46.(d)(1) By order of a physician;

Comment:

46.(d)(1) Doctors orders for side-rail not present for Clients #1, #2, and #3.

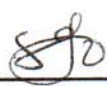
Foster Family Home Records [17-1454-52]

- 52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 52.(c)(5) Medication schedule checklist;

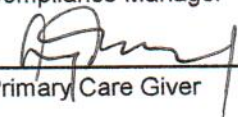
Comment:

52.(c)(2) Side rail for Clients #2 and #3. not addressed in Service Plan.

52.(c)(5) Medication Administrative Record (MAR), Doctor's orders, and Pharmacy Rx Label do not match with one of Client#1's medication.



Compliance Manager



Primary Care Giver

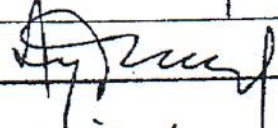
4/30/2018
Date

4/30/2018
Date

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

CCFFH Name: Lydia Ramiscal
CCFFH Address: 98-185 Hulahe Street, Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52.C.5	MAR, Doctor's order and Pharmacy label are corrected and file in client's #1 chart.	5/9/18	I understand should check orders, RX label for and MAR should all match. should check to prevent mistakes.
7.1.a.1	Finger printing results for CG #3 and CG #5 obtained and file in the home record.	5/10/18	I understand all documents to be filed in home record. Make a list of documents per caregiver and write down expiration dates.
7.1.a.1	Lapsed crim for HHM #1 and HHM 2		I understand lapsed cannot be corrected.

Primary Caregiver's Signature: 
Print Name: Lydia Ramiscal Date of Signature: 5/16/18

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

CCFFH Name: Lydia Ramiscal
CCFFH Address: 98-185 Hulahe Street, Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.g.1	Lapsed crim for AHM #1 and AHM #2		I will make a calendar to input all the expiration date
13.3.b.5	Documentation of confidentiality policies and procedures obtained for CG #5 and filed into home record.	5/10/18	I understand all required documents should be file into home record. will make a list of all missing and expired documents and file in front of the home record.

Primary Caregiver's Signature: _____

Print Name: Lydia Ramiscal

Date of Signature: 5/16/18

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
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 Chapter 17-1454

CCFFH Name: Lydia Ramiscal
 CCFFH Address: 94-185 Hulane St Waipahoehoe

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.4	Disclosure form for CG #5 was filed into home record	5/10/18	Make a list of all documents to be filed in the home record.
41.b.7	Lapse cannot be corrected for CG #4	5/1/18	I understand, I will use calendar to write all documents due dates to prevent lapse in the future
41.7	TB skin test for CG #5 obtained and it is place in home record	5/10/18	In the future I will use a spreadsheet to identify which document is missing
	TB skin test obtained for HHM #2 and placed in the home record	5/2/18	
41.c	Approval form obtained for CG #5 and placed into home record.	5/4/18	I understand, should check every now and then to see if some are missing

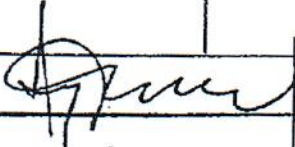
Primary Caregiver's Signature: 

Print Name: Lydia Ramiscal Date of Signature: 5/16/18

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

CCFFH Name: Lydia Ramiscal
CCFFH Address: 54-185 Hulake St Waipahu

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.3P.a.4	Job experience form was completed and placed into home record for CG#5	5/4/18	To check frequently, and make a list for missing documents for each caregiver.
46.d.1	Doctors orders for side rail are obtained for client #1, #2 and client #3 and it was filed into their own chart	5/4/18	I understand, bed rail up needs a doctor's order. need to check service plan.
52.c.2	Side rail for client #2 and #3 are addressed	5/10/18	I understand, have to review service plan once in a while to check for missing doctors orders

Primary Caregiver's Signature: 

Print Name: Lydia Ramiscal

Date of Signature: 5/16/18