

Foster Family Home - Corrective Action Report

Provider ID: 1-160057

Home Name: Nadine Ganir, CNA

Review ID: 1-160057-3

94-1257 Kahuaina St

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 6/27/2018

End Date: 8/21/18

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 increase from 2 to 3 client CCFFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 7/9/2018.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department of human services. Requests for exemptions must be:

Comment:

7.1(e)-No exemption was filed for background check on HHM#1 done 6/1/18. Home obtained an updated ecrim on 6/18/18 reflecting change in HHM#1's charges and current fieldprint results are still pending.

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)-No current first aid training present for CG#3.

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43(c)(3)-No RN signature/SCG #2 signature on delegation sheet. No RN delegation for insulin administration present in client #1's record.

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

46.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

46(e)-No documentation of RN training present in the folder for special feeding needs(thickened liquid nectar) of client #2.

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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)-No current service plan for client #1 present in the home. Last service plan done was on 7/4/17.

52(c)(5)-There is a discrepancy between the medication record and the medication label for client #1.

Carrie Walker, Rnd
Compliance Manager

Jenni
Primary Care Giver

6/27/2018
Date

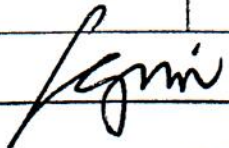
6/27/2018
Date

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

CCFFH Name: **Nadine Ganir**

CCFFH Address: **94-1257 Kahuaina St Waipahu Hi 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43 (c) (3)	SCG#2 Was delegated with RNCM 08/27/2018, I placed it in my client's chart.	08/27/2018	I will put reminder's in my binder & phone for updates to all of my scg's requirements.
7.1 (e)	HHM#1 Obtain a greenlight determination aps, can fingerprinting. Result released 08/15/2018 due to an error. Fieldprint Certificate was placed in my binder.	08/15/2018	Anytime i received Red Light from any of my SCG i make sure i'll take care of it right away, atleast 2 weeks prior to expiration. I will put reminder's in my binder & my phone for renewals & expirations of documents.
41 (b) (6)	CG#3 Current First Aid Training Certificate was placed in my binder 06/27/2018	06/27/2018	I make sure all my scg's are all up to date with all their requirements in my binder. I will put reminder's in my binder & my phone for renewal & expiration of requirements.
46 (e)	RNCM Delegates the special feeding needs for client #2 for all PCG & SCG. I placed it in client #2 chart.	06/28/2017	I make sure to check with my RNCM if there's an order for special feeding needs & need an order to filed in my client's chart.

Primary Caregiver's Signature: 

Print Name: Nadine Ganir

Date of Signature: 08-27-2018

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52 (c) (2)	RNCM mailed 07/2/2018 updated service plan was done 06/24/2018. for client#1 I placed it in my client#1 binder.	07/02/2018	I will make sure to check all my client's binder to prevent this matter in the future. I will put some reminder's in my client's binder if there is missing documents or if there is need to be updated.
52(c)(5)	For Client#1 MAR already been updated 06/28/2018 and placed it in my client#1 binder.	06/28/2018	I will make sure I will check medications received from the pharmacy, I will check if it's matches on the MD orders and MAR. I will coordinate with my RNCM and Doctors orders, to make sure this will not happen again in the future.