

Foster Family Home - Corrective Action Report

Provider ID: 2-120075

Home Name: Edeus Agbalog, CNA

Review ID: 2-120075-5

27-214 Moirton Camp

Reviewer: Carol Copeland

Papaikou HI 96781

Begin Date: 10/4/2017

End Date: 10-27-17

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit survey performed to recertify three client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 11/4/17.

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) care giver # 4 had TB clearance on 4/29/15 and not again until 10/20/16.

41.(b)(8) No current CPR or first aid for care giver # 3.

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

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

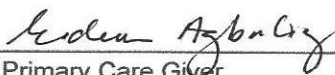
Comment:

41.(3P)(b)(2) Primary care giver is working 32 hours per week. Care giver # 5 is an NA.



Compliance Manager

10-4-17
Date



Primary Care Giver

10-4-17
Date

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

CCFFH Name: EDEUS AGBALOG, CCFFH

CCFFH Address: 27-214 MOIRTON CAMP RD. B, PAPAIKOU, HI 96781

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	Substitute #4 was seen by her PCP on 4/20/16 and was given a TB symptom Screening Form, but she submitted form to another Care Home and copy not given to Foster Home surveyed. Another form was completed on 10/20/16 to verify substitute caregiver has no symptoms. Substitute #4 was seen last screened on 4/26/17. Copy of form given to another Care Home, but this PCG now has a copy.	10/12/17	Place reminder of PCG's Caregiver binder cover for ease and prompt notice to substitutes of items needed to be in compliance. Will have self and substitutes obtain TB Clearance in same month of every year to be in compliance. Direct caregivers to provide copy of document when done. See attached.
41.(b)(8)	Substitute #3, renewed her CPR and First Aid on 9/28/17 with her employer, [REDACTED]. Copy of card in binder. Employer erroneously allowed CPR and First Aid to lapse and corrected oversight immediately when deficiency noted.	10/12/17	Place reminder on PCG's caregiver binder cover for ease and prompt notice to substitutes of items needed to be in compliance. Will have self and substitutes obtain BLS in same month and day before expiration of every year to be in compliance. Direct caregivers to provide copy of document when done. See attached.
41.(3P)(b)(2)	PCG was certified with 2 clients on 04/12/13. Care giver #5 is an NA since 05/17/13.	10/19/17	Removed Care giver #5, due to PCG was certified with 3 clients. See attached.

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(3P)(b)(2)	PCG with 3 clients only allowed to worked 28 hours per week.	10/23/17	<p>I worked 35 hours per week at [redacted] here in Papaikou. While I'm working I have SCG that helps me to care for the clients and NA to prepare my clients meals. I start 8:30am and leave the house at 8:25am. Clients already finished their breakfast, relaxing and watching TV. During my hour lunch since I live only 2 minutes away from home, I go home to check the clients. My employer knows that I have Foster Family Home. If the [redacted] are not that busy I request to go home early or take longer lunch to care for the clients.</p>

Primary Caregiver's Signature: Edeus Agbalog

Print Name: Edeus Agbalog

Date of Signature: 10/24/17