

# Foster Family Home - Corrective Action Report

Provider ID: 1-160030

Home Name: Leoven Deloso, NA

Review ID: 1-160030-3

94-270 Kipou St.

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 3/30/2017

End Date: 5/6/2017

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## 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 on 3/30/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 4/30/2017

6 (d)(1) see applicable sections of this review.

## Foster Family Home Application [17-1454-7]

7.(b)(1)(B) Documentation to verify that the primary caregiver is a resident in the home that is to be a community care foster family home and is a NA, a LPN, or a RN with at least one year of experience in a home setting;

Comment:

7.(b)(1)(B) CG#1 Identification card does not indicate same residence as CCFFH.

## 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) CG#2 2nd set of fingerprinting not present in the home.

7.1.(a)(2) CG#3 Adult Protective Services and Child-Abuse-Neglect (APS/CAN) checks not present in the home.

## 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

Comment:

13.1.(c)(1) Consent Form for Client #1 not present in the home.

## Foster Family Home - Corrective Action Report

### 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) CG#1 and CG#3 lapsed in CPR and First Aid training due on/before 8/1/2016 - was done on 3/22/2017. CG#1, CG#2, and CG#3 lapsed on Blood Borne Pathogen (BBP) due on/before 10/19/2016 - was done on 3/22/2017.

### 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) RN delegation for Client #2 not present in the home.

### Foster Family Home

### Medication and Nutrition

[17-1454-46]

46.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

46.(c) Medication side effects information not present in the home for Client #1 and Client #2.

### Foster Family Home

### Insurance Requirements

[17-1454-49]

49.(a)(1) General;

Comment:

49(a)(1) Liability Insurance not present in the home for CG#3.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[17-1454-52]

- 52.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 52.(c)(5) Medication schedule checklist;
- 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;
- 52.(c)(8) Personal inventory.

Comment:

52.(b) Documentation of Client #2 not present in the home by CGs.

52.(c)(5) Medication Administration Record (MAR), Doctor's orders, and Pharmacy Rx labels do not match for Client #1 and Client#2.

52.(c)(6) Documentation for January, February, and March 2017 Case Manager RN assessment for Client #1 not present in the home.

52.(c)(8) Personal inventory for Client #1 and Client#2 not present in the home.

Compliance Manager

*Edelow*

Primary Care Giver

Date

*3/30/17*

Date

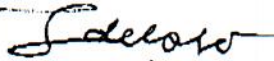
## Written Plan of Correction

May 6, 2017

1. 7.(b)(1)(B) Caregiver #1 received the updated Identification card April 12,2017.  
Now it matches the address the residence as CCFH.
2. 7.1(a)(1) Caregiver#2 2<sup>nd</sup> set of fingerprint dated 8/6/2015 is kept permanently in the binder.  
7.1(a)(2) Caregiver#3 Adult Protective Services and Child-Abuse-neglect(APS/CAN) dated 4/14/2017.  
  
It will not happen again in the future because I have a calendar in the home to track all the expiring Fingerprint, APS/CAN Bloodborne Pathogen needed to renew.
3. 13.1(c)(1) Consent Form for Client#1 dated December 9,2016.  
Now is placed in the client binder. It will not happen again in the future because I will coordinate with the Case Manager to update all the client documents needed to be present in the binder.
4. 41.(b)(8) CG#1,CG#2, CG#3It will not lapse in CPR , First Aid Training and Blood Borne Pathogen.  
It will not happen again in the future because I keep calendar to track all the expiring CPR, First Aid, Bloodborne Pathogen that needs to renew.
5. 43.(c)(3) RN delegation for Client #2 placed in the binder 4/1/2017. It will not happen again in the future because I will coordinate and work with Case Manager for all the documents that need to be in the binder of the client.
6. 46.(c) Medication side effects information placed in the binder dated4/2/2017. It will not happen again in the future because I will coordinate and work with Case Manager.
7. 49(a) CG#3 added to liability insurance dated 3/30/2017. It will not happen again in the future because I will add all caregivers that will be certified to work in my CCFH.
8. 52.(b) Documentation of Client#2 placed in the binder4/8/2017. It will not happen again in the future because I will document every time the condition or changes of client at all time.  
(c)(5) Medication Administration Record (MAR), Doctor's order and pharmacy RX label is matched because I coordinate to the pharmacy about the order of Doctor.  
It will not happen again in the future because I will make sure to coordinate with the Pharmacy to compare the doctor order and I will keep a copy of the order.  
(C)(6) Documentation of RN assessment for client #1 is in the binder dated 4/8/2017. It will not happen again in the future because I will coordinate and work with the Case Manager about all her notes and assessment to be placed in the binder.

(C)(B) Personal Inventory for client #1 and Client#2 dated 4/6/2017 kept in the binder. It will not happen again in the future because I will make sure every time I have client in the home I will do the inventory upon admission.

Signed:



Leoven Deloso  
94-270 Kipou Street  
Walpahu, Hawaii 96797