

# Foster Family Home - Corrective Action Report

Provider ID: 1-576259

Home Name: Milagros Viloria, CNA

1939 Kalihi Street

Honolulu

HI 96819

Review ID: 1-576259-4

Reviewer: Sue Lo

Begin Date: 3/30/2017

End Date: 4/29/2017

## 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 3-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 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) HHM#3 Second set of fingerprinting not present in the home.

7.1.(a)(2) CG#3 lapsed on Adult Protective Service and Child-Abuse-Neglect (APS/CAN) due on/before 10/7/16 - was done on 10/14/2016

## 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) HHM#4 Confidentiality/Privacy Training documentation not present in the home.

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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.
- 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)(7) CG#3 lapsed on TB clearance due on/before 4/30/16 - was done on 6/5/16.

41.(b)(8) CG#2 lapsed on First Aid training due on/before 5/10/15 - was done on 5/23/15. CG#3 lapsed on Blood Borne Pathogen (BBP) due on/before 2/11/17 - was done on 3/16/17.

41.(f) HHM#1 and HHM#2 current TB clearance not present in the home.

Foster Family Home

Records

[17-1454-52]

- 52.(c)(5) Medication schedule checklist;

Comment:

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

Compliance Manager

*Chilagros U. Viloma*  
Primary Care Giver

Date

*3/30/2017*  
Date

29 Apr 2017

Written Plan of Correction:

7.1.(a)(1)	- HHM #3 second set of finger print completed on 4/20/17. Plan of Prevention: Second set of finger print to be kept in the binder permanently.
7.1.(a)(2)	- CG #3 will not lapse APS/CAN Plan of Prevention: Create a checklist for the requirement of APS/CAN and file it in front of the home binder. Home has electronic calendar to check before due date.
13.1.(b)(5)	HHM #4 had received training on Confidentiality Policies/Procedures and client privacy rights on 1 Apr 2017 according to HIPAA. Plan of Prevention: Ensure that training received by new household members and employees for the Confidentiality Polices/Procedure will be according to HIPAA.
41.(b)(7)	CG#3 will not lapse TB Clearance. Plan of Prevention: Create a checklist for the requirement of TB Clearance and file it in front of the home binder. Home has electronic calendar to check before due date.
41.(b)(8)	CG#2 will not lapse First Aid Training and Blood Borne Pathogen (BBP). Plan of Prevention: Create a checklist for the requirement of First Aid Training and BBP and file it in front of the home binder. Home has electronic calendar to check before due date.
41.(f)	HHM#1 and HHM#2 TB Clearance was obtained 21 Jan 2017 and 10 Apr 17 respectively. Plan of Prevention: Create a checklist for the requirement of TB Clearance and file it in front of the home binder. Home has electronic calendar to check before due date.
52.(c)(5)	Client #1 and Client#2 Medication Administration Record, Doctor's orders, and Pharmacy Rx labels now match 4/3/17 and 4/10/17. Plan of Prevention: All labels, prescription and order should be matched and relayed with Case Manager and recorded properly without discrepancy.

Milagros Vilorio  
PCG, Golden Years Foster Home