

Foster Family Home - Corrective Action Report

Provider ID: 1-580599

Home Name: Robert Yabut, CNA

1639 Lusitana Street

Honolulu

HI 96813

Review ID: 1-580599-6

Reviewer: Carrie Wakai

Begin Date: 2/15/2017

End Date: 3/10/17

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person CCFH recertification review made on 2/15/2017. Corrective Action Report issued during home visit with all items due to CTA by 3/15/2017.

6.(d)(1)-see applicable sections of the review.

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.

Comment:

41(b)(7)-No record of CXR/ppd testing for CG#2.

41(b)(4)-No disclosure form on CG#2 in binder.

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 SCG topical med training on Client #1.

Foster Family Home

Fire Safety

[17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45(a) Jan./Feb.2017 fire drill form missing start/end time.

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Foster Family Home Records

[17-1454-52]

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

Comment:

52(c)(5)-The MAR does not match the RX label on client #1.

Compliance Manager

ROBERT E. YABUT

Primary Care Giver

Date

02/15/17

Date

ROBERT YABUT FOSTER CAREHOME

1631 LUSITANA ST.

HONOLULU, HI 96813

PHONE# 808-535-9693

CORRECTIVE ACTION PLAN

<u>41.(b)4</u>	CG# 2 - There is a signed disclosure form filed in the binder for the caregiver mentioned done on 2/27/17. To prevent this to happen again, I will be reviewing the caregivers files every year.
<u>41.(b)7</u>	[REDACTED] had a Chest Xray done on 6/22/2006 with a negative result. Yearly TB Symptom Screening done and the current was done on 8/26/2016 To prevent this from happening again, I will be making sure, all my caregivers have updated TB Clearance.
<u>43(c)(3)</u>	RN delegation on [REDACTED] was signed by SCG on 2/16/2017. To prevent this to happen, I will make sure all the substitute will have an RN delegation before they take care of the client.
<u>45(a)</u>	Fire drill done on January and February are with time indicated when they were done. To prevent this to happen, primary care giver will assign someone to keep tract of the time of the fire drill.
<u>52.(c)(5)</u>	Client #1 order for [REDACTED] decreased to [REDACTED] on 1/16/2017. So at the time of visit, the dose was at [REDACTED] To prevent medication mistakes, all doctor's orders should be given to caregiver and faxed to CCMA for reconciliation.