

Foster Family Home - Corrective Action Report

Provider ID: 1-562555

Home Name: Josephine Bio, CNA

Review ID: 1-562555-7

91-1104 Hanakahi Street

Reviewer: Lori O'Keefe

Ewa Beach HI 96706

Begin Date: 12/20/2018

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

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

Comment:

Recertification inspection done today with a corrective action report issued during visit. A corrective action plan is due back to CTA by 1/20/19.

6.(d)(1)- Home is surrounded by a fence at the sidewalk and lacks a means of communicating with the home when the gate is closed/locked.

Client bedrooms do have lockable doors but they are not the single action type as required.

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

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.2 - CG's 3,4,5 and HHM 1 all had a lapse of the APS/CAN check. All were due by 10/6/18 but not done until 10/10/18.

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 #3 had a lapse in Blood Borne Pathogen annual training. Due by 2/3/18 but not done until 3/25/18.

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 is not available in the home/record for client #2.

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Foster Family Home

Physical Environment

[17-1454-48]

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48.c.3- The clients area lacks being maintained in a clean manner. The client bathroom is heavily soiled with grime on the doors, door jams sink vanity, and walls. The non slip mats in the shower are soiled with what appears to be mold/mildew. The shower stall/walls are soiled with grime. The client bedrooms have heavy grime on the doors, door jams and are in need of general cleaning. This CM was able to use a Clorox wipe and remove the grime quite easily.

Lori O'Keefe RN
Compliance Manager

12/20/18
Date

John BW
Primary Care Giver

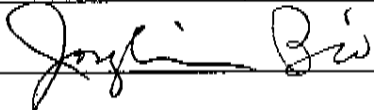
12/20/18
Date

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

CCFFH Name: Josephine Bio, CNA

CCFFH Address: 91-1104 Hanakahi St., Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
6.d.1	Installed wireless doorbell right by the mailbox outside of the gate for visitor communication if gate is locked.	1/2/19	Home understands standards for communication with the home and will maintain working doorbell.
	All client door knobs changed to single action locks.	1/13/19	Home will abide by My choice, My Way standards for client rights.
7.1.a.2	Lapse cannot be corrected	12/20/18	Home will use a calendar/phone to input due dates to prevent future lapses.
41.b.8	Current blood borne pathogen certificate on file.	12/20/18	
46.c	Obtained medication side effects sheets from pharmacy for all of client #2 medications	12/21/18	Home will keep a copy of side effects sheets as provided by the pharmacy.
48.c.3	Performed general cleaning to all client areas to remove heavy soiling. Placed new bath mat in the shower.	1/22/18	Home understands need to maintain a clean and sanitary environment and will clean more frequently to prevent build up.

Primary Caregiver's Signature: 

Print Name: Josephine Bio

Date of Signature: 1/27/19