

Foster Family Home - Corrective Action Report

Provider ID: 4-180009

Home Name: Faina Borje, CNA

Review ID: 4-180009-2

120 Kealohilani Street

Reviewer: Angel England

Kahului HI 96732

Begin Date: 2/16/2019

Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.d.1 Home inspection for a 2 bed recertification inspection survey. Corrective action report issued with a written plan of correction due to CTA by 3/16/19.

Foster Family Home Information Confidentiality [11-800-16]

16.(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:

16.c.1 There is no consent form present for Client #1.

Foster Family Home Personnel and Staffing [11-800-41]

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

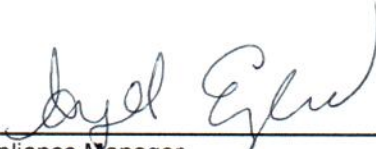
41.c ^{CG} Client #1 has 12.5 training hours on a printout from employers online training system. Some topics are irrelevant to a CCFFH and the form is not signed by employer to verify training.

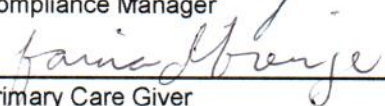
Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.d.1 Both clients have [REDACTED] and [REDACTED] on their service plans. No orders for these [REDACTED] are present in either record.


Compliance Manager


Primary Care Giver


Date


Date

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

CCFFH Name: Faina D. Borje
 CCFFH Address: 120 Kealohilani St. Kahului, HI. 96732

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16	I've contacted the Case Manager for a copy of the CONSENT for RELEASE of INFORMATION. A copy was emailed to me. It was placed in the client's record.	02/19/19	For future admission, I will sure to double check important documents (see table of contents for reference) It is located on the front page of client's records, especially those needs client/POA signatures. I will sure to have them on client's record. If missing file, I will contact the Case Manager and ask for copy right away.
41	For PCG - I have obtained a new 12 hours inservice that are relevant to CCFFH. Cert. was given and was placed on PCG's record. For SCG- I've contacted the inservice provider to update certificate, and include hours on each inservice that has been provided. Cert. was updated with hours. It was placed in each SCG's records	02/20/19	I made a note/ list of the relevant CCFFH inservices for future references of what inservice to take. I will always double check cert. at the time it is given if hours are included. If not, notify inservice provider so She/he can include it right away. I made a note that PCG has to have atleast minimum of 12 hours inservice and SCG has to have a minimum of 8 hours inservice.
47	Ive contacted each client PCP and asked to sign the doctor order form for [redacted] and [redacted]. Order form is dated, signed and given. It was placed in each client's records.	02/25/19	For future clients, I'll be sure to have those doctor orders when it is in there service plan. I will create checklist of what should be done. I will check service plan everytime the nurse updates it.

Primary Caregiver's Signature: *Faina D. Borje*

Print Name: Faina D. Borje

Date of Signature: 02-28-19