

Foster Family Home - Corrective Action Report

Provider ID: 1-100108

Home Name: Miriam Brillante, CNA

Review ID: 1-100108-6

35 Makani Avenue

Reviewer: Angel England

Wahiawa HI 96786

Begin Date: 12/3/2018

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 visit for a 3 bed re-certification inspection survey. Corrective action report issued during home visit with a written plan of correction due to CTA by 1/3/19.

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

16.(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 No confidentiality/privacy rights training present for HHM#1

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

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 Blood Borne pathogen training lapsed for CG#1, 2 and 4, they were due on/before 2/1/18 and were done 2/14/18.

Foster Family Home Physical Environment [11-800-49]

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

Comment:

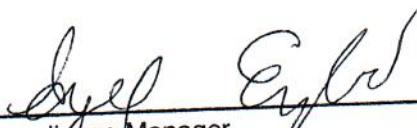
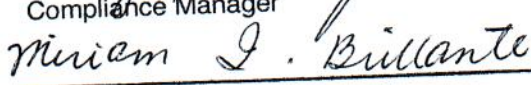
48.c.3 There are two windows in one client bedroom that cannot be opened on the bottom as they are being blocked from items stacked up outside preventing airflow from those windows into the bedroom.

Foster Family Home Records [11-800-54]

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

Comment:

52.c.5 There is one medication discrepancy for Client #1 where the orders, medication administration record and prescription label do not match for frequency and time.


Compliance Manager

Primary Care Giver

12/3/18
Date
12/3/18
Date

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

CCFFH Name: Miriam Brillante, CNA

CCFFH Address: 35 Makani Ave. Wahiawa, HI. 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
13.1.b.5	HHM#1 was trained on confidentiality and signed the form. Form has been filed in administrative binder.	12/04/18	Home will require new caregivers and household members to receive confidentiality/privacy rights training within 14 days of being added to the home.
41.b.8	Lapse cannot be corrected.	12/04/18	Home understands the Blood Borne Pathogen training requirements and due dates. Home will use personal calendar to input all due dates and post reminder memos in file to prevent any future lapses.
48.c.3	CG#1 removed obstructive items outside of bedroom window and made sure windows are operational and clear for proper airflow.	12/03/18	All caregivers were notified not to place items outside of window. Home will store items in the appropriate storage areas.
52.c.5	Medication discrepancy was corrected by client's CMA, MD and CG #1 on client's Medication Administration Record.	12/10/18	CG#1 will review all medication orders, bottles and MAR to ensure all match before administering any new medication. Home will notify CMA, Pharmacy and MD if there are errors/differences.

Primary Caregiver's Signature: Miriam L. Brillante

Print Name: Miriam Brillante

Date of Signature: 1/11/19