

Foster Family Home - Corrective Action Report

Provider ID: 1-200015

Home Name: Juliet Morada-Leano, CNA

Review ID: 1-200015-3

94-1198 Hina Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/17/2021

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

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

Comment:

Recertification inspection for a 2 person CCFFH completed

Corrective Action Report issued during CCFFH inspection with a written plan of correction due on 3/17/2021.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- No APS/CAN/Fingerprints present for the additional adult household members occupying the back side of the CCFFH.

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:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for the adult household members occupying the back portion of the CCFFH.

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

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:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f), (f)(1)- No TB clearances results present for additional household members residing in the back upstairs part of the CCFFH.

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:

49.(c)(3)- Client #2's bedroom window was obstructed with a stack of plastic chairs preventing the fresh air from coming in to client's bedroom.

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Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- No evidence present for CG#6 having had the training on the Emergency Preparedness Plan.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2)- No signatures of Client/POA, MD, and RN CM for Client #2's Service Plan dated 9/18/2020.

54.(c)(5)- Client #1 and Client #2's Medication Administration Record were last signed on 2/15/2021.

54.(c)(6)- Client #1 and Client #2's ADL/Daily Care Flowsheet were last signed on 2/15/2021.

Maribel Nakamine, RN 2/17/2021

Compliance Manager

Date

[Signature]
Primary Care Giver

2/17/2021
Date