

Foster Family Home - Corrective Action Report

Provider ID: 1-586711

Home Name: Asuncion Orpiano, CNA

Review ID: 1-586711-9

308 Kilani Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 1/7/2020

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

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

Comment:

Home inspection for a 3 person CCFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 2/7/2020.

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

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)- APS/CAN expired for CG# [REDACTED] and CG# [REDACTED] on [REDACTED] and no renewal seen in home binder. CG# [REDACTED] APS/CAN/Fingerprint expired on [REDACTED] and no renewal seen in home binder. Ecrim expired for CG# [REDACTED] and CG# [REDACTED] on [REDACTED] and no renewal seen in home binder.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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.(b)(7)- CG# [REDACTED] TB clearance expired on [REDACTED] and no current result seen in home binder. CG# [REDACTED] TB clearance expired on [REDACTED] and no current result seen in home binder.

41.(c)- CG# [REDACTED] with 5 hours of annual in-service; lacking 7 more hours.

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Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancies noted for Client # [REDACTED] and Client # [REDACTED]

Client # [REDACTED] - there are 8 medications that don't match in Medication Administration Record when compared with the doctor's current list of medications/orders.

Client # [REDACTED] - 2 medication bottles with expiration dates of [REDACTED] and [REDACTED] 1 medication bottle's label/dosage doesn't match with doctor's order and Medication Administration Record.

Maikel Nathaniel, RN

Compliance Manager

Asuncion Arguian

Primary Care Giver

1/7/2020

Date

1/7/2020

Date

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

CCFFH Name: **ASUNCION ORPIANO**
 CCFFH Address: **308 Kilani Ave., Wahiawa, Hi. 96786**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1), (2)	CG# [redacted] obtained a current APS/CAN/Ecrim for CG#1 and CG# [redacted]. Results were filed in home binder. CG# [redacted] was removed as substitute caregiver.	3/12/20	CG#1 will utilize an iPhone calendar to schedule due dates alert 2-3 months in advance to prevent future lapses.
41.(b) (7)	CG # [redacted] obtained a current TB clearance. Document filed in home binder.	1/13/20	Home will use an iPhone calendar to schedule due dates alert 2-3 months ahead to prevent future lapses.
41.(c)	CG# [redacted] removed as [redacted] caregiver	3/12/20	CG#1 will use an iPhone calendar to prevent any lapses requirements in the future.
54.(c)(5)	Medication discrepancy was corrected by client's CMA RN, MD, APRN and CG# [redacted] on client [redacted] and client [redacted] Medications Administration Record.	2/4/20	CG#1 will look at all new medication orders, bottles and MAR to ensure all match before giving all new medications. Home will notify CMA, Pharmacy and/or doctor if they are different.

Primary Caregiver's Signature: Asuncion Orpiano

Print Name: Asuncion Orpiano

Date of Signature: 3-16-20