

### Foster Family Home - Corrective Action Report

**Provider ID:** 1-610502  
**Home Name:** Erlinda Kimura, RN      **Review ID:** 1-610502-3  
 17 Lili Way      **Reviewer:**  
 Wahiawa HI 96786      **Begin Date:** 7/22/2015      **End Date:** 8/31/2015

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

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

Comment:

Home visit for a 3 person recertification review made on 7/22/15.  
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 8/22/15.

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

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

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

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)(1) CG#2 state name check due on or before 08/22/14 completed 07/08/15. CG#3 state name check completed 07/08/15, missing for 2013. HHM#3 only one set of fingerprints. Needs two

7.1.(a)(2) CG#1,2,3 APS/CAN due on or before 01/08/14 completed 06/15/15. HHM#3 APS/CAN missing for 2014

**Foster Family Home Information Confidentiality [17-1454-13.1]**

13.1.(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 training completed for CG#1,2,3,4

Primary Care Giver  
 Erlinda Kimura  
 July 22, 2015

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Foster Family Home Personnel and Staffing [17-1454-41]

- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).
- 41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

- 41.(a)(3) CG#3 no job experience form
- 41.(b)(4) CG#2 no disclosure form
- 41.(b)(7) CG#2 no 2014 or 2015 TB test, CG#3 no 2014 TB test, CG#4 no 2014 TB test
- 41.(b)(8) CG#3 no evidence of CPR 04/07/15-07/07/15, CG#2 no evidence of First aid 08/05/13-05/20/14, CG#3 no evidence of First aid 04/06/15-07/07/15.
- 41.(b)(8) CG#1 no evidence of BBP 08/01/14-02/04/15, CG#2 no evidence of BBP 08/01/14-02/04/15, CG#3 no evidence of BBP 08/01/14-10/03/14, CG#4 no evidence of BBP 08/01/14-07/08/15
- 41.(e) CG#4 no CTA approval form

Foster Family Home Records [17-1454-52]

- 52.(c)(5) Medication schedule checklist;

Comment:

- 52.(c)(5) client#3 Dr. order for Citalopram 20mg by mouth every day. MAR reads Citalopram 10mg by mouth every day

Compliance Manager

Erlinda Kimera  
Primary Care Giver

7/22/15  
Date

July 22, 2015  
Date

**JULY 22, 2015**

**COMMUNITY TIES OF AMERICA INC.  
45-955 KAMEHAMEHA HWY #300  
KANEHOE, HI 96744**

**RE: ERLYN'S FOSTER HOME  
ERLINDA KIMURA**

**7.1. (A)(1) CG #2, CG #3. CURRENT STATE NAME CHECK AND ON RECORD  
HHM #3 WILL CHECK FINGERPRINT FOR 2015 FOR 2ND SET AND MAKE LIST  
MAKE A LIST DUE DATE SO DO NOT MISS AND ON FILE WILL NOTIFY ALL CAREGIVERS PRIOR TO THE DEADLINE  
TO ALLOW TIME FOR THEM TO MEET FULFILL THE REQUIREMENTS**

**7.1 (A)(2) CG#1,2&3 APS/CAN COMPLETED  
MAKE A LIST WHEN ITS THE DUE DATE AND REMIND ALL THE CAREGIVERS SO CANNOT BE MISSED.**

**13.1(B)(5)  
CONFIDENTIALITY PRIVACY TRAINING FOR CAREGIVERS 1,2,3,4 HAS BEEN COMPLETED ON AUGUST 1,  
2015**

**- IN ORDER TO PREVENT THIS FROM HAPPENING AGAIN. I WILL HAVE ALL FUTURE CAREGIVERS RECEIVE THE  
CONFIDENTIALITY/PRIVACY TRAINING COMPLETED PRIOR TO BEING UTILIZED IN MY FOSTER HOME.**

**41.(A)(3) CG #3 JOB EXPERIENCE COMPLETED AND ON FILE, MAKE A LIST REQUIREMENTS SO IT CANNOT  
BE MISSED**

**41.(B)(4) CG #2 DISCLOSURE FORM COMPLETED AND ON FILE, MAKE A LIST REQUIREMENTS SO IT  
CANNOT BE MISSED**

**41.(B)(7) CG#2,3&4 HAS BEEN COMPLETED TB TESTS AND ON FILE, A LIST HAVE BEEN MADE TO SERVE  
AS A REMINDER FOR WHEN TEST ARE DUE AND WILL REMIND THEM TO HAVE THEIR TB TEST PRIOR THE DUE  
DATE.**

**41.(B)(8) CG#3&4 CPR AND FIRST AID HAVE BEEN COMPLETED AND ON FILE. MAKE A LIST TO ALL  
CAREGIVERS AND REMIND WHEN ITS THEIR DUE DATE.**

**CG#1,2,3&4 BBP HAVE BEEN COMPLETED, MAKE A LIST SO THAT CANNOT BE MISSED.**

**41.(E) CG#4 CTA APPROVAL FORM COMPLETED AND ON FILE, MAKE A LIST SO THAT CANNOT BE MISSED.**

**52.(C)(5) CLIENT #3 MAR HAS BEEN CORRECTED TO SHOW CORRECT ORDER FOR CITALOPRAM. TO  
PREVENT THIS CONFIRM THE DOCTORS ORDER LABELS ON THE BOTTLES, MAR AND ALSO BEFORE SIGNING  
THE MEDICATION.**

**ERLINDA KIMURA  
PRIMARY CARE GIVER**