

Foster Family Home - Corrective Action Report

Provider ID: 1-563800

Home Name: Esterlyn Dela Cruz, CNA

Review ID: 1-563800-2

1254 Kapalama Avenue

Reviewer:

Honolulu

HI

96817

Begin Date: 6/16/2015

End Date:

7/15/2015

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

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

Comment:

Home visit for recertification of 3 bed home on 6/16/15. A corrective action report was sent electronically to home on 6/17/15. All items are due by 7/16/15.

6.(d)(1) refer to appropriate sections of this review.

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 documentation of training.

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

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) there was a 33 day lapse in CPR and First Aid training for all caregivers between 1/20/15 and 2/23/15. There was a 6 day lapse for BBP and infection control training for all caregivers between 2/10/15 and 1/16/15.

3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility,

Comment:

41.(3P)(a)(4) There is no documentation of job experience of at least 1 year for CG's #2,3,4

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety [17-1454-45] (3P)

45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.(3P)(b)(6) No documentation of participation in fire drill by CG#4

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Foster Family Home **Physical Environment** [17-1454-48]

48.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

48.(e)(2)Area for smoking out side home is not designated

Foster Family Home **Fiscal Requirements** [17-1454-49.1]

49.1.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

49.1.(c)Budget information incomplete

Foster Family Home **Client Rights** [17-1454-50]

50.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

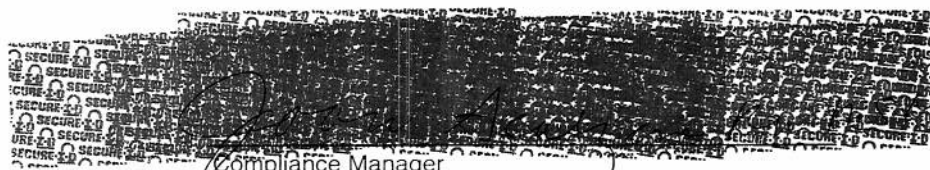
49.1.(c)Visiting hours are not established

Foster Family Home **Records** [17-1454-52]


52.(a)(3) A list of applicable community resources.

Comment:

52.(a)(3)Resource pamphlet outdated (2009-11)



Compliance Manager



Primary Care Giver

6/16/15

Date

6/20/15

Date



COMPLIANCE LETTER

July 14, 2015

TO: Community Ties of America

I have been made the following corrective actions as listed in the GTA review for recertification of (3) bed home on 6/16/15.

Action/s Taken:

EN 31-1(b)(5) **1.) Information Confidentiality** - Meeting with all caregivers and other adults at home regarding clients Confidentiality, Policies and Procedures, and clients privacy rights. We have read and sign carefully and promise to keep it safe and confidential at all times. Retain a copy at PCG's binder.

EN 41 (b)(5) **2.) Personnel and Staffing** - Promise to renew CPR and First Aid Training, Blood Borne Pathogen a head of time and in a timely manner to avoid lapses for all Caregivers. **MADE A CALENDAR LIST / NOTES TO AVOID LAPSES**

EN 41 (3P) (A) (4) **3.) 3 Person Staffing Requirements** - Provided a copy of CNA/NA certificate plus 1-year experience for CG#2,3 and 4.

EN 45 (3P) (b)(6) **4.) 3 Person Fire Safety** - CG#4 which is **has been conducted a fire drill as of July 2, 2015.**

EN 48 (e)(2) **5.) Physical Environment** - Designated a Smoking Area outside the premises near the Mail Box.

EN 49.1.(c) **6.) Fiscal Requirements** - Monthly budget for the Year of 2014-2015 has been completed.

EN 49.1.(c) **7.) Client Rights** - Assigned a specific visiting hours for Family and Friends from (8:00AM - 4:00PM). After hours can be arranged. Discussed visiting policy with the client representative and given a copy. Retain a copy at PCG's binder.

EN 52.(a)(3) **8.) Records** - Acquired new and updated copy of Resources Pamphlet.

Thank you, for being able to bring this into my attention for the betterment of all.

Esterlyn Dela Cruz
Esterlyn Dela Cruz
Foster Home Owner / OPERATOR

RECEIVED
JUL 25 2015
BY: *[Signature]*
fax