

## Foster Family Home - Corrective Action Report

Provider ID: 1-140067

Home Name: Ellen Grace Ruiz, NA

Review ID: 1-140067-2

94-465B Pilimai Street,

Reviewer:

Waipahu HI 96797

Begin Date: 8/24/2015

End Date:

9/25/15

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**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 2 person recertification review made on 8/24/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 9/24/15.

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;

Comment:

7.1.(a)(1) CG#3 no fingerprints on file. Need 2 sets of fingerprints if after 2008

**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 training for CG#1,2,3.

# Foster Family Home - Corrective Action Report

Foster Family Home

Personnel and Staffing

[17-1454-41]

- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 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.(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.
- 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.
- 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.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

- 41.(b)(5) CG#2 I.D expired  
41.(b)(7) CG#1 T.B test due 5/17/15 completed on 08/20/15. CG#2 No TB for 2014, or 2015, CG#3 no TB for 2014  
41.(b)(8) CG#2 no BBP from 1/24/14-1/10/15. CG#3 no BBP from 11/21/14-7/01/15  
41.(c) CG#1,2,3 No 2014 annual training hours  
41.(e) CG#2, and CG#3 no approval from CTA for substitute caregiver.  
41.(f) caregiver did not report HHM. Did update on recertification appointment  
41.(h) caregiver did not report removal of SCG#6

Foster Family Home

Physical Environment

[17-1454-48]

- 48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.
- 48.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

Comment:

- 48.(c)(3) taped off electrical wiring hanging down in caregiver's living room. Caregiver communicated not active electrical line.  
48.(d)(1) Door with access from another person's home leading into this residence is not sealed.

Foster Family Home

Records

[17-1454-52]

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

Comment:

- 52.(c)(5) Client#1 Dr. order for [REDACTED] MAR and medication bottle read [REDACTED]

\_\_\_\_\_  
Compliance Manager

*Allen James Quinn*  
\_\_\_\_\_  
Primary Care Giver

8/24/15  
\_\_\_\_\_  
Date

8/24/15  
\_\_\_\_\_  
Date

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**From:** EllenGrace Ruiz  
**Sent:** Thursday, September 24, 2015 4:58 PM  
**To:**  
**Subject:** Corrective action plan

**Ellen Grace Corrective Action Plan CCFFH**

~ 41.(b)(5) CG#2 Removed on 08/28/2015 removal form forward to CTA.

- 7.1.a.1 CG#3 Fingerprint done from 2011 through 2013. No fingerprints needed to be done after 2014

**How to prevent from happening again**

I will make sure that fingerprint will not be removed and must be placed in records and on file ready to review upon recertifications.

~13.1.b.5 CG#1,3 Training done and updated, documents are on file.

**How to prevent from happening again.**

I will make sure that all current annual training documents must be on file for records and ready to view upon recertifications.

~ 41.b.5 CG#6 Removal was done and removal form signed 08/28/15

~ 41.(b)(7) CG#1,2,3

CG#1 T.B test had already expired due dates 5/17/15 however PCG had completed on 08/20/15.

**How to prevent from happening again**

I will make sure that all documents must be updated on time and by placing at least a 60 days notice reminder on the calendar before do. Therefore it won't happen again.

CG#2 Expired T.B test year 2014 and 2015. CG#2 current T.B must be on file before expiration date.

**How to fix**

I will make sure that all documents must be updated on time and by placing at least a 60 days notice reminder on the calendar before do also need to follow up with CG#2 yearly to make sure its done and must have new current T.B on file. Therefore it won't happen again.

CG#3 T.B expired year 2014. CG#3 current T.B must be on file before expiration date.

**How to prevent from happening again.**

I will make sure that all documents must be updated on time and by placing at least a 60 days notice reminder on the calendar before do also need to follow up with CG#2 yearly to make sure its done and must have new current T.B on file. Therefore it won't happen again.

~ 41.(b)(8) CG#2, No BBP from 01/24/14 through 01/10/15. CG#2 current credentials must be on file before expiration date.

CG#3 No BBP from 11/21/14 through 07/01/15. CG#3 current credentials must be on file before expiration date.

**How to fix**

I will make sure that all documents must be updated on time and by placing at least a 60 days notice reminder on the calendar before do also need to follow up with CG#2 yearly to make sure its done and must have new current credentials on file. Therefore it won't happen again.

**How to prevent from happening again.**

I will make sure that all documents must be updated on time and by placing at least a 60 days notice reminder on the calendar before do also need to follow up with CG#2,3 yearly to make sure its done and must have new current credentials on file. Therefore it won't happen again.

-- 41.(c) CG#1,2,3 Annual training must be completed year 2014. CG#1,2,3 training must be on records and filed.

**How to prevent from happening again.**

CG#1,2,3 I will make sure that all documents must be updated on time and by placing at least a 60 days notice reminder to CG#1,2,3 before do. Therefore it won't happen again.

41.(e) CG#2,3 Upon hire CG#2and3 must have an approval form from CTA.

**How to prevent from happening again.**

PCG must make sure that all records must be kept on file and be ready to review upon recertification day.

41.(f) CG#1 Did not complete HHM.

**How to prevent from happening again.**

Upon hire PCG must let all CGs sign and date HHM upon hire. And must be ready to review by recertification day.

41.(h) PCG must complete CTA removal form CG#6 removal form done.

**How to prevent from happening again.**

I will make sure that all SCG must sign on the day of removal and must be reported to CTA ASAP. PCG must also have it on file for review and ready upon recertification day.

48.c.3 Wire covered and tap off.

**How to prevent from happening again.**

I will make sure that all expired wires will be permanently sealed.

48.d.1 Doors are permanently sealed.

**How to prevent from happening again.**

I will make that any doors must sealed and that it will remain permanently.

52.c.5 Corrected MARs completely and on file for records. Alos made sure that all meds and MARs must be same as listed on Drs orders.

**How to prevent from happening again.**

Will make sure on both clients medications refill must be the same label as listed on Drs orders, as well as making sure that MARs must match all clients dosages.

Electronically Signed by: *ELLEN GRACE RUIZ CCFH (PCG)*