

# Foster Family Home - Corrective Action Report

Provider ID: 1-585771

Home Name: Gerlie Miguel, CNA

94-691 Kime Street

Waipahu HI 96797

Review ID: 1-585771-3

Reviewer:

Begin Date: 5/27/2015

End Date:

6/22/15

## 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 2 bed home on 5/27/15. Corrective action report issued at time of visit. All documents and correction action plan due on June 27, 2015.

6.(d)(1) Refer to appropriate sections of this report.

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

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)(2) CG #1 and CG#2 with lapse of APS/CAN for first two (2) years between dates of 03/18/13 and 06/03/14. CG #3 APS/CAN last completion was 03/24/14. Should be 2 years in a row due 03/24/15. CG #3 is off island. State name check on 11/26/12 and 03/24/14; state name check was due by 11/26/14 for CG #3

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health 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.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7) CG #3 and #5 out of compliance for annual TB screening. CG#3 missing current TB screening last one was 02/14/14. CG #5 TB screening completed on 02/03/14 and 03/27/15. TB screening needed to be completed by 02/03/15 to be in compliance

41.(c) CG #3 needs BBP expired 02/2014. CG #3 8 CEU's required needs 1 more CEU

41.(g) CG #5 now skills check found in chart

# Foster Family Home - Corrective Action Report

Foster Family Home

Client Care and Services

[17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) CG # 3, and #5 no evidence of nurse delegation for client #1. CG # 5 no evidence of nurse delegation for client #2.

Foster Family Home

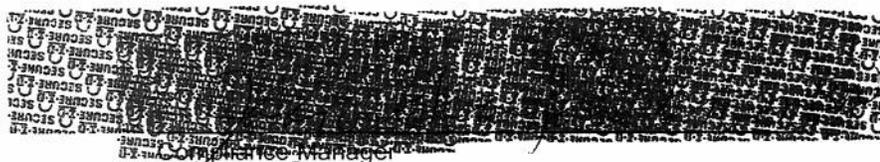
Fire Safety

[17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) CG#5 did not lead fire drill, fire extinguisher showed in the red CG communicated never been used.



Primary Care Giver

Date

5/27/15

Date

5/27/15

June 22, 2015

Gerlie C Miguel  
94-691 Kime Street  
Waipahu, HI 96797



Community Ties of America, Inc.  
45-955 Kamehameha Hwy. Suite 300  
Kaneohe, HI 96744

To Comply with all requirements in this Chapter; and Home visit for recertification of 2 bed on 5/27/2015. Corrective report issued at the time of visit and To remain in compliance with all State regulations, the CCFFH has taken or will take the actions set forth in the following plan correction. All documents and correction plan due on June 27, 2015.

**Background Checks**

7.1.(a)(2) CG #1 and CG #2 with lapse of APS/CAN for the first two years between dates of 3/18/2013 and 06/03/14. CG #3 APS/CAN last completion was 03/24/14. Should be 2 years in a row due 03/24/15. CG #3 is off island. State name check on 11/26/12 and 03/24/14; state name check was due by 11/26/14 for CG #3. The home will utilize a calendar and keep a list of all CG's containing expiring dates of all background checks and due dates to prevent any background checks lapses in the future. CG#3 is off island and unable to do or provide any evidence for APS/CAN and State name check for 03/24/15. Will have APS/CAN and State name check done and submit results to CTA when it becomes available. CG #3 won't be back to the island till mid july. The home will keep it on file in the home personnel record binder.

**Personnel and Staffing**

41.(b)(7)CG #3 and #5 out of compliance for annual TB screening. CG #3 missing current TB screening last one was 02/14/2014. CG #5 Tb screening completed on 02/03/14 and 03/27/15. TB screening needed to be completed by 02/03/15 to be in compliance. CG #3 was off island and unable to obtain an annual TB screening. Will have CG#3 do a TB screening when [redacted] back to the island and will keep it on file in the home personnel record binder. For CG#5 TB screening was done 03/27/15. The home will list a record of all CG's with their names and due dates for TB Screening and, to keep track and to prevent any lapses in the future.

41.(c) CG #3 needs BBP expired 02/2014. CG#3 8 CEU's required needs 1 more CEU. CG #3 was off island and unable to do a BBP, including CEU's. Will have CG#3 do more of the following CEU's and update BBP, When CG#3 is on the island. CG #3 will be back to the island on mid July. Will keep CEU's on file and will submit copies when it becomes available  
41.(g) CG #5 now skills check found in the chart

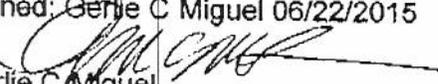
### Client Care and Services

43.(c)(3) CG #3 and #5 no evidence nurse delegation for client #1. CG# 5 no evidence of nurse delegation for client #2 .The home contacted client #1 Case Management on June 01, 2015 to do nurse delegation for client #1.For CG #5 the home contacted client #2 to do a nurse delegation.Nurse Delegation is now in client charts. CG#5 have nurse delegation on file in client binder.

### Fire Safety

45.(a) CG #5 did not lead fire drill, fire extinguisher showed in red. CG communicated never used. The home will have CG#5 do a fire drill at least once a month. CG #5 done a fire drill on June 01, 2015, it is on file in the home personnel record . The home has purchased 2nd fire extinguisher and it is located in the kitchen.The home will have fire extinguisher inspected every month.

Signed: Gerlie C Miguel 06/22/2015

  
Gerlie C Miguel

94-691 Kime Street

Waipahu, Hawaii 96797

