

# Foster Family Home - Corrective Action Report

Provider ID: 4-150015

Home Name: Xzor Jay M. Daguio, CNA

Review ID: 4-150015-1

120 Kealahilani Street

Reviewer:

Kahului HI 96732

Begin Date: 4/22/2015

End Date: 4/30/15

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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:

6.d.1 See applicable sections. Home visit made on 04/22/2015 for two bed new home certification. Corrective action report issued 4/27/15 with all items due 5/4/15. Corrective action report documents received xxxx. All items in compliance for 2 bed home to be certified for 1 year.

## 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 rights training found in file.

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

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.

Comment:

41.c. No RN signature for CG#3 Annual Training hours.

41.e. For CG #1, No PCG CTA approval form found in file.

# Foster Family Home - Corrective Action Report

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

- 48.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;
- 48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;
- 48.(c)(2) The primary or substitute caregiver shall follow infection control procedures and proper procedures for disinfecting equipment and devices used in the care of the client; and
- 48.(e) The home shall have policies regarding smoking on the property that:

Comment:

- 48.a.1. No non-skid mat found in bathroom.
- 48.e. No CCFFH smoking policy found in file.
- 48.a.2. No grab bar for toilet area upon inspection.
- 48.c.2. No approved disinfectant cleaners for the floors found in home.

**Foster Family Home      Insurance Requirements      [17-1454-49]**

- 49.(a)(1) General;

Comment:

- 49.a.1. No liability insurance found in file.

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

- 49.1.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

- 49.1.a. No CCFFH budget found in file.

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

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

Comment:

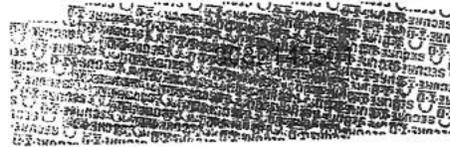
- 50.b.15. No visiting hours found in file.

  
Compliance Manager

4/22/15  
Date

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date



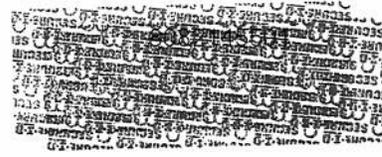
April 29, 2015

Community ties of America  
45-955 Kamehameha Hwy #300  
Kaneohe, Hi 96744

To Whom It may Concern:

To meet my corrective action plan, I will submit to CTA the following:

- 13.1.b.5 No confidentiality/privacy rights training found in file.**
  - Reviewed the file discussed with SCG's , all agreed and both signed the forms. Action was taken on April 28, 2015.
  
- 41.c. No RN signature for CG#3 Annual Training hours.**
  - Asked the clinical development coordinator assistant in [redacted] to sign the missing signature for SCG #3 annual training hours. Action was taken on April 23, 2015
  
- 41.e. For CG #1, No PCG CTA approval form found in file.**
  - Called [redacted] and mentioned that disregard this matter. [redacted] give me the approval form. Action taken on April 28, 2015.
  
- 48.a.1. No non-skid mat found in bathroom.**
  - Bought non-skid mat and took picture for proof. Action was taken on April 23, 2015
  
- 48.e. No CCFFH smoking policy found in file.**
  - Discussed with SCG's and all agreed that our home is a smoke free property and no smoking is allowed anywhere on the property. Action was taken on April 28, 2015
  
- 48.a.2. No grab bar for toilet area upon inspection.**
  - Bought toilet bar and took picture for proof. Action was taken on April 23, 2015
  
- 48.c.2. No approved disinfectant cleaners for the floors found in home.**
  - Bought [redacted] ) took picture for proof. Action was taken on April 29, 2015



**49.a.1. No liability insurance found in file.**

called and told us to disregard since we are a new applicant.  
Action was taken on April 28, 2015

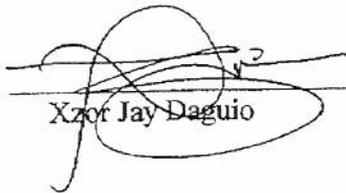
**49.1.a. No CCFFH budget found in file.**

- Called and asked regarding this matter and mention that since I am a new applicant, I just have to make a copy of our bank statement. Print it & will attached with this letter. Action was taken on April 29, 2015

**50.b.15. No visiting hours found in file.**

- Discussed the visiting hours and will attached the file that we agreed on. Action was taken on April 28, 2015

To prevent these deficiency in the future, I will create a checklist what should be done and make a reminder on my cell phone and computer alerting me to do these.

  
Xzor Jay Daguis