

# Foster Family Home - Corrective Action Report

Provider ID: 1-611914

Home Name: Ligaya Badua, CNA

Review ID: 1-611914-5

1917 Hani Lane

Reviewer:

Honolulu HI 96819

Begin Date: 12/21/2015

End Date: 2/26/16

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

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

Comment:

Home survey conducted for recertification of three client CCFFH on 12/21/2015. Corrective Action Report issued with all requirements to be completed by 1/21/2016.

## 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: No second fingerprint result in file.  
CG: Ecrim is not certified  
CG: No certified ECrim.  
HHM1: No second fingerprint result in file.

7.1.(a)(2)  
CG: [redacted] and HHM [redacted] No second APS/CAN in file.

## 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)  
CG [redacted] and HHM [redacted] No confidentiality training in file.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii)  
CG: No proof of positive TB test or PPD related CXR.  
HHM1: Tests negative for TB. Must have a TB test each year but submitted a screening.

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## 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)  
No job experience form in file for CG [redacted] and [redacted]

## Foster Family Home

## Quality Assurance

[17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a)  
No emergency Plan in file.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**CORRECTIVE ACTION PLAN CORRECTIONS**

POG NAME: Ligaya Badue

DATE: 2/25/16

DEFICIENCY: 7.1 a 1  
As a PEG, should be more aware, check my paper work as offers

How did you correct this deficiency?  
At least to check it offers as a check my el's chart.

How will you avoid committing this deficiency in the future?  
By making a note for my self - Put post tickler my self requests.

DEFICIENCY: 7.1 a 2  
I don't know why this become my deficiencies it will expired / due 11/16 pending to file

How did you correct this deficiency?

How will you avoid committing this deficiency in the future?

DEFICIENCY: - 13.1 b 6  
Okay this is not an file, I was not ready for the visit. its was kind of early

How did you correct this deficiency?  
To be more organize + aware that all this document are very important

How will you avoid committing this deficiency in the future?

To read my Binder offers

**CORRECTIVE ACTION PLAN CORRECTIONS**

**PCG NAME:** Ligaya Bida

**DATE:** 2/25/16

**DEFICIENCY:** 41 3P A4

**How did you correct this deficiency?** It was my neglect. I assume that since they were my subs since others my business they only work for me.

To Follow the Rules.

**How will you avoid committing this deficiency in the future?**

Check & be aware before inspection come or call CTA for more info.

**DEFICIENCY:** 48.1. a

**How did you correct this deficiency?**

Be more organize (+) check Binda very often

**How will you avoid committing this deficiency in the future?**

if not ready, Ask CTA for refutation  
As a Business Owner, should be ready at all times.

**DEFICIENCY:**

**How did you correct this deficiency?**

**How will you avoid committing this deficiency in the future?**

# Corrective Action Plan "Correction"

Name: Ligaya Badua  
 Address: 1917 Hani Lane Hm. Hawaii 96819  
 Date: Feb 15, 2016  
 Signature: L Badua

# of Deficiency: 41 (b) (5) (c) (ii)

C G [redacted] did not submit the TB test, His no longer my sub-titute effective 12/21/15 due to outside the IS Card job, [redacted] not interested as my sub-titute anymore

# 41 (b) (5) (c) (ii)

H Hm - TB test + xray already submitted along w/ All my document. WAS send 1/18/16  
 I will re submit again

How correct it.

I should be more aware + ask them before my inspection come, I should know next time

Prevention:

I should double check all my sub-titute or call CTA for more info.

# Corrective Action Plan

Feb 23, 2016

PCQ name - Ligaya Badua

Date: Feb/23/16

Deficiency 4165C11

Did not submit any more. SCG no longer my substitute effective 12/21/15 Due to out the Island job. And [redacted] is not interested any more. HMM [redacted] already submitted.

How do i correct this deficiency:

As a PCQ i should be more responsible/ not assuming to ask each of my SCG if they still like to work or to continue AS my SCG

How to avoid this deficiency in the future?

- As a business owner I should be more responsible + remind my self. OR make a big note for
- 1 Make a Note in front of my Icebox so i dont forget
- 2 Check my binder often AS i check my chart
- 3 I'll be more organize + Prepare for my next visit.