

# Foster Family Home - Corrective Action Report

Provider ID: 1-100090

Home Name: Aleli Daligdig, RN

94-605 Palai Street

Waipahu

HI 96797

Review ID: 1-100090-3

Reviewer:

Begin Date: 6/27/2016

End Date: 8/3/2016

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

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

Comment:

6 (d)(1) Home visit [REDACTED] for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA [REDACTED]

6 (d)(1) see applicable sections of this 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;

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#1, CG#3, and HHM#1 eCrim expired [REDACTED] but renewed [REDACTED] with about 2 months lapse.

7.1.(a)(2) CG#1, CG#3, and HHM#1 APS/CAN (Adult Protective Services and Child-Neglect-Abuse) checks expired [REDACTED] but renewed [REDACTED] with about 3 months lapse.

## 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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) CG#1 TB clearance expired [REDACTED] but renewed [REDACTED] with about 2 weeks lapse. CG#2 TB clearance expired [REDACTED] but renewed [REDACTED] with about 1 year lapse. CG#3 TB clearance expired [REDACTED] but renewed [REDACTED] with about 1 year lapse.

41.(f)(1) HHM#2 TB clearance expired [REDACTED] but renewed [REDACTED] with about 8 months lapse.

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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.

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(a) No night fired drills conducted and documented [redacted] months in the home.

45.(b)(2) Only CG#1 conducted fire drills and no documentations of CG#2 and CG#3 conducted fired drills in the home.

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

*Alex P. Dominguez*

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

\_\_\_\_\_  
Date

*6-27-16*

\_\_\_\_\_  
Date

## Written Plan Of Care

8-1-2016

The statement made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all state regulations, the CCFHHS has taken or will take the actions set forth in the following plan of correction. The plan of corrections constitutes the CCFHHS allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

7.1(a)(1) CG#1,CG#3 and HHM #1 will not lapse in ECrime in the future .

7.1(a)(2) CG#1,CG#3 and HHM #1 will not lapse in APS/CAN in the future.

41(b)(7) CG#1 TB clearance will not lapse in the future.

41(F)(1) HHM #2 TB clearance will not lapse in the future.

The home will utilize a tracking log to track when personnel requirements are due to prevent any requirements from expiring in the future and prevent lapse in the future for all the above items.

45(a) The night fire drill was conducted [REDACTED] This will never happen again because the home will follow the Hawaiian Administrative Rule to conduct day , evening and night so that this will not happen again in the future.

45(b)(2) CG # 2 conducted the fire drill [REDACTED] CG #3 will conduct the following month. This will not happen again in the future because the home will make sure all CG's are trained to implement and conduct fire drill.

Date: August 1,2016

Signed: *Aleli S. Daligdig*

PRINT: Aleli S. Daligdig

94-605 Palai St.

Waipahu, HI. 96797