

# Foster Family Home - Corrective Action Report

Provider ID: 1-561276

Home Name: Imelda Bonilla, CNA

Review ID: 1-561276-3

94-1091 Hapalima Place

Reviewer:

Waipahu HI 96797

Begin Date: 3/25/2015

End Date:

6/16/15

## Foster Family Home - Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1) Review for recertification. Deficiencies listed in separate sections. CAP written with all item to be submitted by 4/25/15.

## Foster Family Home - Personnel and Staffing

[17-1454-41]

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

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.(b)(5)(C)(ii) HHM 1: All TB tests show negative for TB but is only getting TB screenings. Must verify TB positive status.

41.(e) PCG states that when [redacted] leaves the home [redacted] takes the clients [redacted]. An SCG stays in the car with [redacted] clients. If a client needs to use the toilet, PCG states that [redacted] helps the client. [redacted] is not an approved SCG.

## 3 Person Staffing - 3 Person Staffing Requirements

[17-1454-41](3P)

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.(3P)(b)(2) Unable to verify hours that PCG is absent from home because the sign out sheet was filled in for five days only of the entire year. From July until March PCG states [redacted] "did not go out".

## Foster Family Home - Medication and Nutrition

[17-1454-46]

46.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, subchapter 15, HAR.

Comment:

46.(a) Client #1: No delegations for CG 4 and 5.  
Client #2: CG 6 has no delegations, although skills check is present.

# Foster Family Home - Corrective Action Report

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

48.(e) The home shall have policies regarding smoking on the property that:

48.(e)(1) Prohibit smoking in enclosed living and recreational areas used by clients; and

48.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

48.(e)  
No smoking policy.

3 Person Physical Environment 3 Person Physical Environment [17-1454-48] (3P)

48.(3P)(a)(3) the room must be at least 140 square feet

48.(3P)(a)(4) the room must have at least three (3) feet between the beds

48.(3P)(a)(5) the room must have space for a dresser and nightstand for each client

48.(3P)(a)(6) the room must allow space for clients and wheelchairs to move easily

Comment:

48.(3P)(a)(3)  
Shared client room does not meet requirements.

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.

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 hour policy.

APR 2 - 2015  
E: [Signature]

Compliance Manager

[Signature]  
Primary Care Giver

3/25/15  
Date

3/31/15  
Date

**Written Plan of Correction  
April 20, 2015**

**17-1454-6** The home responsible for completing a written plan of correction. All deficiencies are submitted by the dates indicated. The home must be carefully assessed and aware to the conditions so that it can avoid committing any deficiencies in the near future.

>The home will always do its best in the future.

**17-1454-41** The home received a current TB clearance issued for HHM # 1 on March 31, 2015. It is on file in the home personnel record. One copy sent to CTA office on April 01, 2015.

>The home designate by a mark in a calendar the personnel requirement to prevent expiring in the future.

**17-1454-41 (3P)** The home updated the new form for sign in / sign out for PCG during absence. Starting March 28, 2015 all SCG must sign in / sign out. It is on file in the home personnel record. One copy sent to CTA office on April 01, 2015.

> The home will always follow the rules and regulations to avoid mistakes in the future.

**17-1454-46** The home contacted the RNCM on March 30, 2015. The Case Manager came to the home on April 03, 2015 to sign the Client #1 - RN Delegation for CG #4 & 5 and Client #2 -RN Delegation for CG #6. The home contacted the CG for signing the Delegation on April 03, 2015. It is on file in the home personnel record. One copy sent to CTA office on April 06, 2015.

> The home will always look over and examine closely to prevent delinquency in the future .

**17-1454-48** The home updated the Smoking Policy on March 26, 2015. The home shall be a smoke free environment. Smoking shall be permitted only outside the home in the following designated areas in front of the house 20 feet away. The home already trained the household members, SCG, visitors and clients. It is on file in the home personnel record. One copy sent to CTA office on April 01, 2015.

> The home will always provide information regarding the smoking policy to prevent fire in the future.

**17-1454-48 (3P)** The home changed the arrangement for the separation of client #1 & client #2 from the shared room. Each client started having their own room on March 27, 2015. The home contacted the family of clients for signing the confidentiality and privacy policy. Signature dated on March 29, 2015 and on March 30, 2015. It is on file in the home personnel record. One copy sent to CTA office on April 01, 2015.

>The home will give the sufficient quantity to meet one's needs for the clients.

**17-1454-48.1 The home updated Emergency Preparedness Plan on March 26, 2015 . In all the scenarios below the situation, with specific details will be documented in the clients file. The clients case management agency and client family / representative will be notified in all scenarios. For evacuation, the nearest medical support evacuation center for the home -nearest Elementary school. It is on file in the home personnel record. One copy sent to CTA office on April 01, 2015.**

**> The home will always be alert if in case there's a disaster in the future.**

**17-1454-50 The home updated the Visiting Hour Policy on March 26, 2015. The home visiting hours are from 9:00 am to 4:00 pm daily. Other hours may be arranged as maintaining friendships and family relationships are important to assist in supporting the client and meeting their emotional needs. Clients will be allowed to have privacy with their visitors without interference by caregivers, household members or other clients in the home. It is on file in the home personnel record. One copy sent to CTA office on April 01, 2015.**

**>The home will give arrangement time for the guest regarding the stay at a place.**

**Signed: Imelda Bonilla 4/20/ 2015**  
**Imelda Bonilla** *MB*  
**94-1091 Hapalima Place**  
**Waipahu Hawaii 96797**

Community Ties of America  
45-955 Kamehameha Hwy Suite 300  
Kaneohe, Hawaii 96744

June 16, 2015

Dear:

Written Plan of Correction

41.(e) The primary caregiver shall keep a file of all qualified substitute caregivers that meet the specified requirements. When the primary caregiver is absent from the home, [REDACTED] must sign out with the accurate time of leaving and then sign back in with the accurate time of returning. Then the qualified and trained approved substitute caregivers must also sign in and out with the accurate time.

Signed: Imelda Bonilla 6/16/2015  
Imelda Bonilla *IB*  
94-1091 Hapalima Place  
Waipahu, HI 96797  
Home Phone:  
Cell Phone: