

# Foster Family Home - Corrective Action Report

Home Name: Sonia Pagdilao, CNA

Review ID: 1-634354-5

1046 A Morris Lane

Reviewer:

Honolulu

HI 96817

Begin Date: 10/5/2016

End Date: 12/26/2016

## 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 made on 10/5/16 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/5/2016.

3 (d)(1) see applicable sections of this review.

## Foster Family Home - Background Checks

[17-1454-7-1]

1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

1.(a)(1) CG#3 eCrim expired on 1/28/16 but renewed on 2/1/16 about 4 days lapse.

1.(a)(2) CG#2 APS/CAN expired on 7/8/16 but renewed on 9/28/16 with about 8 weeks lapse.

## Foster Family Home - Personnel and Staffing

[17-1454-11]

(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

(b)(7) CG#2 No current TB clearance present in the home. CG#3 TB Screening done on 1/13/16 with no proof of positive TB skin test or negative CXR present in the home.

(b)(8) CG#3 Blood Borne Pathogen expired on 2/11/16 but renewed on 4/25/16 with about 10 days lapse.

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Foster Family Home

Records

[17-145452]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52.(c)(2) Client #2 on Service Plan

without indication of Code Status.

52.(c)(6) Client #2 no current RN monthly visit

Compliance Manager

*J. Magdalar*

Primary Care Giver

Date

10/06/2016

Date

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**October 21, 2016**

**Written Plan of Correction**

- 7.1.(a)(1)** CG#3 will not lapse in eCrim in the future because the home now uses cell phone calendar and alarm to track all requirements before due date.
- 7.1.(a)(2)** CG#2 will not lapse in the APS/CAN in the future because the home now uses cell phone calendar and alarm for all requirements before due date.
- 41.(b)(7)** CG#2 TB Clearance completed on October 21, 2016. This will not happen again in the future because results are kept in the Home Binder permanently.
- CG#3 TB Clearance dated January 09, 2009 to prove positive/negative result. This will not happen again in the future because the results are kept in the Home Binder permanently.
- 41.(b)(8)** CG#3 will not lapse in Blood Borne Pathogen certification in the future because the home now uses the cell phone calendar/alarm to keep track of all requirements before due date.
- 52.(c)(2)** Client#2 code status on the Service Plan  
now corrected by Case Manager, RN on October 10, 2016. This will not happen again in the future because the home will coordinate with the Case Manager for any document discrepancies for Client#2 and all other clients.

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**52.(c)(6)** Client#2 Case Manager, RN completed the September 2016 RN Monthly visit dated September 20, 2016. This will not happen again in the future because the home will coordinate with the Case Manager for any document discrepancies for Client#2 and all other clients.

October 21, 2016



SONIA F. PAGDILAO

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