

# Foster Family Home - Corrective Action Report

Provider ID: 1-150075

Home Name: Minda Pascual-Arnold, CNA

Review ID: 1-150075-2

94-067 Keahlele St.

Reviewer:

Mililani HI 96789

Begin Date: 10/24/2016

End Date: 12/13/16

## Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 10/24/16. Corrective Action Report issued during home visit with all items due to CTA by 11/24/16.

6.(d)(1) - see applicable sections of the 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),(2) - No second year APS/CAN and Fingerprints for CG #1, HHM #1 and HHM #2.

## Foster Family Home Personnel and Staffing

[17-1454-41]

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

Comment:

41.(b)(8) - No current Blood Borne Pathogen certification for CG #2.

## 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.

Comment:

45.(a) - No fire drills done since getting first client last March.

## 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 signed Emergency Preparedness Plan.

Compliance Manager



Primary Care Giver

Date

10.24.16

Date

DEC-11-2016 20:30 FROM: CLOSER TO HOME

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Minda Pascual-Arnold  
94-067 Keahialele Street  
Mililani, Hawaii 96789  
E-mail:

Mobile:

December 2, 2016

Community Ties of America, Inc.  
45-955 Kamehamehu Hwy., Suite 300  
Kaneohe, HI 96744

Dear

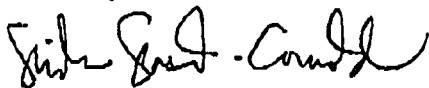
Re: Interview

I submitted for the following:

- 1) 7.1(a) (1), (2) - I have sent CTA current APS/CAN and fingerprints for CG #1, HHM #1 and #2 on Sunday, December 11, 2016 via fax.
- 2) 45. (a) - I sent CTA a fire drill form completed on Monday, November 14, 2016. I understand rule 45 and have made a schedule to have fire drills every month with all Caregivers leading a fire drill at least once a year.
- 3) 41. (b) (8) - I have sent CTA a current Blood Borne Pathogen certificate for CG #2.
- 4) 48.1 (a) - I have sent CTA a signed Emergency Preparedness Plan signed by all Caregivers. I will have all new Caregivers sign it when I hire them.

I have put APS/CAN and fingerprints, CPR and Blood Borne Pathogen on my calendar so I will know one month ahead of time. Please call if you have any question.

Sincerely,



Minda Pascual-Arnold