

# Foster Family Home - Corrective Action Report

Provider ID: 1-616146

Home Name: Ofelia Suarez, CNA

1723 Perry Street

Honolulu HI 96819

Review ID: 1-616146-3

Reviewer:

Begin Date: 1/18/2017

End Date: 2/8/17

## 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 3 person CCFFH recertification review made on 1/18/2017. Corrective Action Report issued during home visit with all items due to CTA by 2/18/17.

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)Fingerprinting/e-crim lapsed for CG#1, CG#2, CG#3.

7.1(a)(2)APS/CAN lapsed for CG#1, CG#2 & CG#3 & HHM#1.

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

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

Comment:

41(b)(7)-TB screening form(s) missing in caregiver binder for CG#1, CG#2, CG#3 & HHM#1.

## Foster Family Home Medication and Nutrition [17-1454-46]

46.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

46(e)-No training of thickened liquid feedings ordered by MD for client #1 present in record.

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

*Ofelia Suarez*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*01/18/17*  
\_\_\_\_\_  
Date

02/07/2017 12:13 FAX

001/001

February 7, 2017

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

Written Plan of Correction

There are 3 parts of the written plan of correction:

Problem: 7.1(a)(1)Fingerprinting/e-crim lapsed for CG#1, CG#2, CG#3  
7.1(a)(2)APS/SCAN lapsed for CG#1, CG#2 & CG#3 & HHM#1

7.1(a)(1)Fingerprinting/e-crim lapsed for CG#1, CG#2, CG#3 will not lapse in the future because due dates are now written in the home's calendar.

7.1(a)(2)APS/SCAN lapsed for CG#1, CG#2 & CG#3 & HHM#1 will not lapse in the future because due dates are now written in the home's calendar.

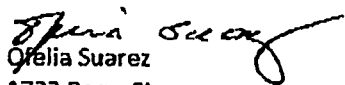
Problem: 41(b)(7)TB screening form(s) missing in caregiver binder for CG#1, CG#2 & CG#3 & HHM#1

41(b)(7)TB screening form(s) for CG#1, CG#2 & CG#3 & HHM#1 are now filed in the caregiver binder. The home will maintain a caregiver tracking log with due dates of TB screening requirements.

Problem: 46(e) No training of thickened liquid feedings ordered by MD for client #1 present in record.

46(e) The caregiver informed the \_\_\_\_\_ for Problem 46 ( e ). Action taken, RN from \_\_\_\_\_ came to the house to give training to the caregivers on thickened liquid feedings of client #1. Such training ordered by MD for client #1 is already present in client's binder.

Caregiver is aware that resident/patient with special diet should have a doctor's order and needed a training for such diet to prevent the risk of aspiration. The said training was conducted by RN from \_\_\_\_\_ on January 30, 2017.

  
Ofelia Suarez  
1723 Perry St  
Honolulu, HI 96819  
02/07/17