

# Foster Family Home - Corrective Action Report

Provider ID: 1-180090

Home Name: Erlita Magdirila, RN

Review ID: 1-180090-1

94-418 Loaa Street

Reviewer: Angel England

Waipahu HI 96797

Begin Date: 1/18/2019

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.d.1 Home visit made for a new home certification inspection survey. A corrective action report was issued during visit with a written plan of correction due to CTA by 2/8/2019

## Foster Family Home Background Checks [11-800-8]

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

Comment:

8.a.1 No fingerprint check present for CG#5

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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

41.(f)(2) Background checks

Comment:

41.b.6 and 41.f (1-2) There is a connecting doorway that leads upstairs. There are 6 adult persons living upstairs. Either they will need to be added as household members or the home will need to be properly permitted to legally be two separate dwellings.

41.b.8 No first aid present for CG#2, No CPR present for CG#3

## Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.a.1 There is no non slip surface present in shower area.

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Foster Family Home

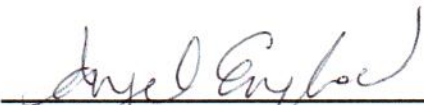
Client Rights

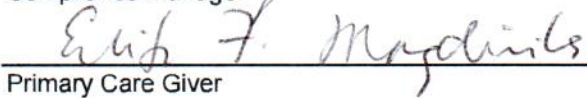
[11-800-53]

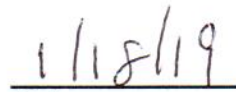
53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;


Comment:

53.b.9 There are no locks on the client bedroom doors for privacy.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: ERLITA MAGDIRILA, RN  
 CCFFH Address: 94-418 LOAA ST., WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	Fingerprint result for CG#5 was completed on 1/23/2019 and was filed in the binder	1/23/19	Background check results for all caregivers and household members will be kept updated on file for next review. Home will use spreadsheet calendar to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.
41.b.6 And 41.f (1-2)	Requirements for all additional 6 adult household members were completed and were filed in the binder	2/4/19	Requirements for all household members will be kept updated on file for next review. Home will use spreadsheet calendar to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.
41.b.8	First Aid certification for CG#2 was completed on 02/01/19 And was filed in the binder	2/1/19	Home will use spreadsheet calendar to identify all needed requirements when they are due (at least 2 months before expiration) to maintain complete and updated documents on all caregivers and household members.
	CPR certification for CG#3 was placed in the binder	2/1/19	

49.a.1	Non slip surface was placed in the shower area.	1/20/19	Non slip surface will be maintained at all times in the shower area.
53.b.9	Lock on the client bedroom door was placed for privacy.	1/20/19	Lock on the client bedroom door will be maintained for privacy.

Primary Caregiver's Signature: Erlita F. Magdinda

Print Name: Erlita Magdinda

Date of Signature: 2-4-19