

# Foster Family Home - Corrective Action Report

Provider ID: 1-110025

Home Name: Glorita Gilo, CNA

2921 Laelae Way

Honolulu

HI 96819

Review ID: 1-110025-8

Reviewer: Julie Hastings

Begin Date: 1/27/2020

## 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 inspection completed for a 2 person CCFFH recertification.

Corrective Action Report issued during home inspection with all written corrections due to CTA 2/27/2020

## Foster Family Home

### Personnel and Staffing

[11-800-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(5)

CG#1, CG#2 do not have adequate Auto insurance coverage. Coverage must include 100,000 for Bodily Injury and 30,000 for Property Damage. No Alternate transportation plan on file.

41.(b)(8)

CG#1 and CG#2 Bloodborne Pathogen/Infection control expired 1/28/2019. No proof of Bloodborne Pathogen training for 2019 for either.

41.(g)

No Skills check documentation for CG#2 for Client #1

## Foster Family Home

### Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)

No RN Delegation for CGG#2 for Client #1 and Client #2

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Foster Family Home

Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.  
.....  
Comment: .....

52.(b)  
No Budget for 2019. Last was December 2018. No current bank statement or tax return available

Julie Hartung RN, BSN  
Compliance Manager

Debra L. Gyles  
Primary Care Giver

1/27/2020  
Date

1/27/2020  
Date

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

CCFFH Name: Gloria Gilo  
 CCFFH Address: 2921 Laeae way Honolulu HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41B5 #1	CG #1 & CG #2 Now we have correct auto insurance coverage & placed in chart	2/3/20	New statements of coverage already placed in chart <span style="float: right;">Car coverage</span>
41B8	CG #1 & CG #2 We already have our New Blood Bank Package in my chart	1/28/20 1/29/21	Calendar already placed in front of chart for 2 months prior to expiration
41g 4309	CG 2 - Now has RN skills check and delegation for both clients. She came to my home 2/19/20 for the delegation of my new substitute	2/19/20	New caregiver will have RN skills check & delegation w/in one month hire or at time of new client
528	New Budget my chart will be put in my Binder	1/30/20	Home will maintain a monthly budget & will be kept in Binder

Primary Caregiver's Signature: *Gloria Gilo*

Print Name: GLORITA GILLO

Date of Signature: *Glorita Gilo*  
2/24/20