

# Foster Family Home - Deficiency Report

Provider ID: 1-562208

Home Name: Natylia Miyat, CNA

Review ID: 1-562208-8

1328 Anapa Street

Reviewer: Julie Hastings

Honolulu

HI 96818

Begin Date: 7/14/2021

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

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

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.

Suspect Background documents under review and will be addressed under separate cover.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 11/18/2021.

## 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;

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

Comment:

8.(a)(1)

CG#1 7/22/19 APS/CAN not Valid in Fieldprint

CG#2 10/14/19 APS/CAN - not Valid in Fieldprint

CG#2 last e-Crim in binder is 7/1/19. No 2021 eCrim in binder at time of inspection.

CG#5 9/30/19 APS/CAN -not valid in Fieldprint

HHM#2 last APS/CAN in binder is 5/18/18. No 2020 APS/CAN in binder at time of inspection.

8.(a)(2)

CG#1 7/22/19 Fingerprint not Valid in Fieldprint

CG#5 9/30/19 Fingerprint-not valid in Fieldprint

HHM#2 last e-Crim in Binder was 7/1/19. No 2021 e-Crim in binder at time of inspection.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(a)(3)  
CG#1 no work experience in the binder

41.(b)(7)  
CG#1 TB form unsigned by provider  
second "master TB form in chart with "white out" over date.  
CG#2 last TB 6/4/19  
CG#3 last TB 8/27/19

41.(e)  
CG#2 has old approval form. Unable to validate 3-client credentials due to questions of validity and dates on Fieldprint background checks.

## 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)  
CG#3 and CG#4 not delegated for Client #1, Client #2, and Client #3

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire  
only Jan, Feb, March Fire drills in 2020, no 2021 Fire Drills

## Foster Family Home

## Records

[11-800-54]

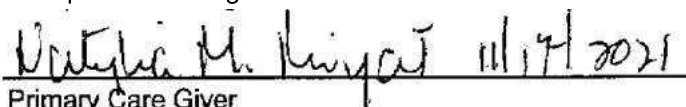
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)  
Last service plan for Client #3 dated 6/9/2020. No updates or addendums available at time of inspection.



Compliance Manager



Primary Care Giver

10/18/2021

Date

10/18/2021

Date

CTA RN Compliance Manager: Terri Van Houten

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Natylia Miyat  
(PLEASE PRINT)

CCFFH Address: 1328 Anapa Street Honolulu, HI 96818  
(PLEASE PRINT)

Rule Number	Corrective Action Taken -- How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy -- How will you prevent each violation from happening again in the future?
6.(d)(1)	Adressed under other cover		
8.(a)(1)	2021 APS/CAN obtained for CG#1,2,5 Placed in binder  HHM#2	10/20/21  11/19/21	Home will use wall calendar along with electronic calendar with due dates posted. An alarm will alert of deadline 1 month prior. CG#1 will notify others.
8.(a)(2)	2021 Ecrim Completed for CG#1,2,5 & HHM#2	10/21/21	Home will use wall calendar along with electronic calendar with due dates posted. An alarm will alert of deadline 1 month prior. CG#1 will notify others.
41.(a)(3)	CG#1 Work Experience Placed into binder	11/1/21	CG#1 will keep work experience in current binder.
41.(b)(7)	TB Clearance obtained for CG#1, 2,3 Placed into binder	7/15/21-	Home will use wall calendar along with electronic calendar with due dates posted. An alarm will alert of deadline 1 month prior. CG#1 will notify others.
41.(e)	Approval form [redacted] in binder	10/12/05	No action necessary

All items that were fixed are attached to this CAP.

PCG's Signature: Natylia Miyat - Natylia M. Miyat Date: 11/22/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Natylia Miyat

(PLEASE PRINT)

CCFFH Address: 1328 Anapa Street Honolulu, HI 96818

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43.(c) (3)	CG#3,#4 delegation completed for Clients #1,2,3	11/20/21	CG#1 will check records for completed delegation on all Clients with each CG accounted for.
(3P)(b) (1)	Completed drill forms placed into binder	11/20/21	CG#1 will have forms filled and filed IMMEDIATELY after each fire drill. All those involved in each months drill will remind CG who is leading the drill.
54.(c) (2)	Client #3 Service Plan renewed and placed in binder	11/20/21	CG#1 will check that Service Plan for each client is current when each CMA RN comes to do scheduled visits. If not up to date, CG#1 will contact CMA RN to remind the, and place updated SP into binder.

All items that were fixed are attached to this CAP.

PCG's Signature: Natylia Miyat

*Natylia M. Miyat*

Date: 11/22/21

CTA has reviewed all corrected items