

Foster Family Home - Corrective Action Report

Provider ID: 1-150066

Home Name: Bernadette Cabael, CNA

94-355 Oililua Pl.

Waipahu

HI 96797

Review ID: 1-150066-1

Reviewer:

Begin Date: 10/28/2015

End Date: 11/10/2015

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6 (d)(1) The NEW Home visit made on 10/28/2015 for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 11/11/2015.

6 (d)(1) see applicable sections of this 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 not present for HHM#1 and HHM#2.

7.1.(a)(2) APS/CAN expired on 3/13/2015 for HHM#1 and HHM#2 and no current APS/CAN present.

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

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.(e) CG#2 CTA SCG approval form not present in the home.



Compliance Manager

Primary Care Giver

10/28/2015
Date

10/28/15
Date

Written Plan of Correction

- 1) 7.1.(a)(1) The home received a current Fingerprinting for HHM#1 and HHM#2 on November 02, 2015. The home will utilize a computer program to track when personnel requirements are due to prevent any requirement from expiring in the future.
- 2) 7.1.(a)(2) The home received a current APS/CAN for HHM#1 and HHM#2 on November 01, 2015. The home will utilize a computer program to track when personnel requirements are due to prevent any requirement from expiring in the future.
- 3) 41.(e) I have sent in the necessary application to CTA to review for CG#2 CTA approval form. The home will keep a copy for CG#2 records.

Date: November 5, 2015

Signature: 

Bernadette Cabael

Address: 94-355 Oililua Pl Waipahu, HI 96797