

Foster Family Home - Corrective Action Report

Provider ID: 1-561119
Home Name: Ophelia Pabalan, CNA
 94-441 A Kiau Place
 Waipahu HI 96797
Review ID: 1-561119-4
Reviewer:
Begin Date: 12/22/2015
End Date: 2/23/16

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

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

Comment:

Home survey conducted for recertification of three client CCFFH 12/22/2015. Corrective Action Report issued with all deficiencies to be corrected by 1/22/2016.

Foster Family Home **Reporting Changes** [17-1454-10]

10.(4) In the household composition or structure of the home; and

Comment:

10.(4)
CG has created a new apartment with residents, which connects to the CCFFH and is also a fire exit.

Since becoming a three client home, CG resides in another CCFFH which is located next door. She sleeps in the living room at night but all personal items are located next door.

CTA was not notified of these changes.

Foster Family Home **Physical Environment** [17-1454-48]

48.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

48.(b)(3)
There are no functioning monitors present.

 Compliance Monitor

 Primary Care Giver

12/28/15

 Date
 12-28-15

 Date

Foster Family Home – Corrective Action Plan

Provider ID: 1-561119

Home Name: Ophelia Pabalan, CNA

Review ID: 1-561119-4

94-441 A Kiau Place Waipahu, HI 9797

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

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

Comment:

We are submitting required documents for household members and substitute caregivers for renewal of certificate. Documents as follow:

- TB test results for CG [REDACTED]
- TB test results for CG [REDACTED]
- Fieldprint reports for each household members
- eCrime Certificate for each household members
- TB test results for each household members
- Substitute caregiver change notification form is submitted

Foster Family Home Application [17-1454-7]

7.(b)(1)(B) Documentation to verify that the primary caregiver is a resident in the home that is to be a community care foster family home is a NA, a LPN or a RN with at least one year of experience in a home setting.

Comment:

A notarized statement is attached to verify that the primary caregiver is a resident in the CCFFH and lives separately from her husband.

Foster Family Home Reporting Changes [17-1454-10]

10.(4) In the household composition or structure of the home

Comment:

Letter to notify change in the structure of home is attached.

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

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, creed, sex, age, marital status or handicap

Foster Family Home – Corrective Action Plan

Comment:

There was no instance of discrimination of any personnel or staffing.

The home is properly permitted with State of Hawaii. Picture of parts of plan attached to show that the new two story addition is permitted.

Foster Family Home Physical Environment [17-1454-48]

48.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom or monitoring device approved by the case management agency.

Comment:

Monitors were purchased to comply with the requirement.



Ophelia Pabalan, CNA

Primary Caregiver

2-14-16
Date