

Foster Family Home - Corrective Action Report

Provider ID: 1-561119

Home Name: Ophelia Pabalan, CNA

Review ID: 1-561119-8

94-441 A Kiau Place

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 1/4/2019

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

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

Comment:

Home visit for a 3 person CCFH recertification review made on 1/04/2019. Corrective Action Report issued during home visit with all items due to CTA by 1/18/2019.

6.(d)(1) - see applicable sections of the review

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

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

Comment:

8.(a)(2) - APS/CAN lapsed for CG#2: was due on/before 4/11/2018, done on 10/17/2018.

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

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

Comment:


41.(b)(8) - CPR/First aid training for CG#1 and CG#2 lapsed: CG#1 due on/before 6/10/2018, done on 7/14/2018. CG#2 due on/before 3/20/2018, done on 7/14/2018.

Foster Family Home Fire Safety [11-800-46]


46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

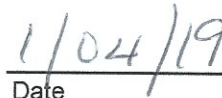
46.(a) - No proof of fire drill conducted by CG#3 in home folder for 2018.

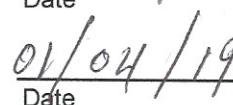


Compliance Manager



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: **Ophelia Pabalan, CNA**
 CCFFH Address: **94-441 Kiau Pl. Waipahu, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	APS/CAN done on 10/17/2018	10/17/18	Home understands the background check requirements. Home will use spreadsheet to input due dates of requirements and check it on a monthly basis to prevent future lapses. This will allow enough time to get it done before it becomes due.
41.(b)(8)	CPR/First aid training for CG #1 done on 07/14/18 CPR/First aid training for CG#2 done on 07/14/18	07/14/18 07/14/18	Home will use spreadsheet to input due dates of requirements and check it on a monthly basis to prevent future lapses. This will allow enough time to get it done before it becomes due.
46.(a)	Fire drill was done by CG#3 on 01/15/19. Form was put into the home binder	01/15/19	Fire drills will be done by each caregiver at least once a year. Home has developed a schedule and posted it in the refrigerator

Primary Caregiver's Signature: Ophelia Pabalan

Print Name: Ophelia Pabalan

Date of Signature: 01-15-19