

Foster Family Home - Corrective Action Report

Provider ID: 1-180026

Home Name: Liza Nabua, CNA

Review ID: 1-180026-2

94-513 Alapine Street

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 4/16/2019

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 for a 2 person CCFHH recertification made on 4/16/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/16/19. PCG requests to increase to a 3 client CCFHH.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

Comment:

16.b.1. CG # 6 has not signed for confidentiality training.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.b.5 CG# 2, driverslicense expired 11/01/2012.

41.c PCG#1 is missing all in- service hours from 2018.

41.b.7 CG# 7 has a lapse in TB clearance, it was done 11/17/2017 and next check was done 3/27/2019.

41.b.4 CG# 4 has no written disclosure form.

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#6 has not signed for delegations on client #1.

Foster Family Home - Corrective Action Report

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

51.(a)(2) Automobile; and

Comment:

51.a.1 liability insurance contains caregiver that is previously removed.

51.a.2 Automobile insurance does not meet the requirements for bodily injury damage liability (at \$20,000/40,000) or property damage liability (at \$25,000).

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 Service plan for client #1 is not signed by representative.



Compliance Manager



Primary Care Giver

4/16/2019
Date

4/16/2019
Date

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

CCFFH Name: **Liza N. Nabua**

CCFFH Address: **94-513 Alapine Street, Waipahu Hawaii, 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.1	Caregiver #6 has signed the confidentiality training form.	4/19/2019	All caregivers will receive this training form within that week of being added in the home and have them sign.
41.b.5	Provided a valid drivers license and have access to an insured vehicle and alternative transportation service.	4/17/2019	Home will check to make sure that all substitute identification card or drivers license was updated on a calendar.
41.c	12 hours of in-service for 2018 was obtained and kept in chart.	4/22/2019	Every month I will look the in-service training and should be updated 1 month before it will expire.
41.b.7	TB clearance lapse cannot be corrected.		
41.b.4	Caregiver #4 filled out the disclosure form.	4/16/2019	I will use calendar on my cellphone to input all due dates for TB clearance to prevent future lapses.
43.c.3	RN delegation was done for CG#6 by client's CMA. It was placed into client's record.	4/18/2019	In the future, new caregivers and household members will have sign new disclosure form.
51.a.1	Home removed previous caregiver from liability insurance.	4/19/2019	I will notify client's CMA that needs to be performed within a month of a caregiver being added.
51.a.2	Obtained the full coverage for bodily injury damage liability at \$100,000 and property damage liability \$30,000.	4/17/2019	Home understands that only current caregivers are to be presented in the liability

Primary Caregiver's Signature: 

Print Name: LIZA N> NABUA

Date of Signature: 5/21/2019

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

CCFFH Name: Liza N. Nabua

CCFFH Address: 94-513 Alapine Street, Waipahu Hawaii, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.c.2	Service plan was signed by the representative for client #1.	4/17/2019 4/17/2019	insurance and will in the future use checklist created for home when add or removing a substitute caregiver. Home will check the auto insurance coverage once per month to make sure no mistake has been made in the future. Home will check the service plan for all clients and have them sign as soon as possible.

Primary Caregiver's Signature: 

Print Name: LIZA N. NABUA

Date of Signature: 5/21/2019