

Foster Family Home - Corrective Action Report

Provider ID: 1-170026

Home Name: Mario Pascual, CNA

Review ID: 1-170026-4

92-1258 Kaleo Place

Reviewer: Lisa Johnson

Kapolei HI 96707

Begin Date: 5/13/2019

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 CCFH recertification made on 5/13/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/13/19. PCG requests to increase to a 3 client CCFH.

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 CG#2 has a lapse APS/CAN and Fingerprinting it was due on 10/19/2018 and done 10/25/2019. HHM# 2 has lapse in APS/CAN and Fingerprinting it was due on 10/19/2018 and completed 11/7/2019.

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

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.b.5 HHM#1 and 2 have not signed the confidentiality/ privacy rights training.

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

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.c CG#2 has no proof of in- service training done in 2018. CG#3 Has no proof of in-service done present in binder.

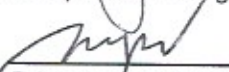
Foster Family Home Client Care and Services [11-800-43]

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.1 SCG#2 and #3 has not signed delegations for Client #1.


Compliance Manager


Primary Care Giver

5/13/19
Date

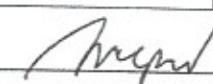
5/13/19
Date

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

CCFFH Name: **MARIO C PASCUAL**

CCFFH Address: **92-1258 Kaleo PI, Kapolei, HI 96707**

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|---|
| 8.a.2 | Lapse cannot be corrected | 6/7/19 | Home understands the background check requirements. Home will use calendar on iphone to input all due dates to prevent any future lapses. |
| 16.b.5 | HHM #1 and #2 have signed the confidentiality/privacy rights training | 6/7/19 | Household given reminder one week ahead when needed, to prevent future deficiencies. |
| 41.c | CG #2 cannot provide any service training for 2018. Lapses cannot be corrected, CG #3 put their proof of in-service training with the CTA binder | 6/7/19 | CG #2 has started to go through in-service training for the year of 2019. CG #3 will be reminded at the beginning of the year to input their proof of in-service training into the binder, and will ensure that each year is correct and completed. |

Primary Caregiver's Signature: 

Print Name: MARIO C PASCUAL

Date of Signature: 6/7/19

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

CCFFH Name: MARIO C PASCUAL

CCFFH Address: 92-1258 Kaleo Pl, Kapolei, HI 96707

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--|----------------|---|
| 43.c.1 | RN Delegation was done for CG #2 and CG #3 by CMA. It was placed into the client record. | 6/7/19 | Home will notify client's CMA that RN delegation needs to be performed within 5 days of a caregiver being added to the home. Home has developed a calendar in the front of the personnel binder with all due dates. |

Primary Caregiver's Signature: _____

Print Name: MARIO C PASCUAL

Date of Signature: 6/7/19