Foster Family Home - Corrective Action Report

Provider ID:	**1-170033**		
Home Name:	**Rowena Cabello, CNA**	**Review ID:**	**1-170033-3**
94-900 Kumuao Street		Reviewer:	Angelica Galindo
Waipahu HI 96797		Begin Date:	5/7/2019

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

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

Comment:

Home inspection for a 3 person CCFFH recertification made on 5/07/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/07/19.
6.(d)(1) - see applicable sections of the review

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1) & 8.(a)(2) - No record of 2nd set of fingerprints and APS/CAN for CG#3 in home folder, expired 4/05/2019.

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) - No current CPR training for CG#3 in home folder, expired 2/2019. No current blood borne pathogen training for CG#3, expired 2/25/2019.

3 Person Staffing **3 Person Staffing Requirements** **(3P) Staff**

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(a)(5) Staff - No documentation of 12 hours in-service for CG#3 in home folder for 2018.

(3P)(b)(2) Staff - CCFFH has not been using any 3 person home sign out sheets to track the hours the PCG is out of the home.

[signature], RN	5/07/19
Compliance Manager	Date
Rowena Cabello	5/07/19
Primary Care Giver	Date

ATTN:
ANGELICA GALINDO
RN

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

CCFFH Name: Rowena Cabello, CNA
CCFFH Address: 94-900 Kumuao St. Waipahu HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1) 8.(a)(2) 41.(b)(8) (3p)(a) (5) Staff	Caregiver#3 has been removed from household as caregiver. Caregiver has left to mainland with no dates of return.	5/07/19	In the future, home will make sure that all caregivers are up to date on all requirements by using checklist infront of home binder 2 months before they expire.
(3P)(b) (2)Staff	Home has started a new 3 bed sign out sheet in its own folder.	5/07/19	Home will now use the 3 bed sign out sheet at all times. All substitute caregivers will sign in and out when providing care to clients.

Primary Caregiver's Signature: Rowena Cabello

Print Name: Rowena Cabello, CNA Date of Signature: 5-13-2019