

Foster Family Home - Corrective Action Report

Provider ID: 1-511346

Home Name: Felicitas Pascual, CNA

Review ID: 1-511346-6

94-234 Pupukui Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 2/13/2020

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

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

Comment:

Annual inspection conducted for this 3 bed home. A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 3/15/2020

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#1 APS/CAN lapsed and current report not complete. had done on 7/11/2017. Was due on or before 7/11/2019. Was done on 7/17/2019, but report is not valid and does not include vital information in the printed report (Does not say APS/CAN or other vital information).

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 only has 2 hours annual training in 2019 and 18 hours in 2018. Caregivers must have a minimum of 12 years annual training or 24 hours in 2 years.

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

(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)(b)(2) Staff

Caregiver sign in/sign out binder is incomplete. Last entry was 3/2019.

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Foster Family Home

Client Rights

[11-800-53]

53.(b)(9)

Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)

Under the my choice, my way MedQuest rules, Clients must have access to the kitchen at their discretion. No Client kitchen access available at this time in the home.

Julie Hastings BSN, RN
Compliance Manager

Elvira G Pascual
Primary Care Giver

2/13/2020
Date

02/13/2020
Date

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

CCFFH Name: Felicitas Pascual
 CCFFH Address: 94-234 Pupukui St Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8a2	Lapse can not be corrected. new APs and can copy in chat	2/17/20	calendar reminder prior for expiration 2 months.
41c	Laps can't be corrected.	2/13/20	All caregivers are required 12 hour annually. reminder place in binder.
3pb2 staff	Laps cannot be corrected	2/13/20	Sign in sign out will be required for all caregivers. Sign in sign out place in the table.
53b9	Refrigerator available now for clients.	2/17/20	

Primary Caregiver's Signature: Felicitas G. Pascual

Print Name: Felicitas Pascual

Date of Signature: 2/17/20