

Foster Family Home - Corrective Action Report

Provider ID: 1-516213

Home Name: Anabel Cabebe, CNA

Review ID: 1-516213-8

94-405 Kuahui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/17/2020

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 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 4/17/2020.

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

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)- No delegation done for CG#3 on Client #2's Basic Skills Checks and Oral Medication Administration.

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)- CG#2 and CG#3 did not conduct a Fire Drill for the past 12 months.

Foster Family Home Physical Environment [11-800-49]

49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

Comment:

49.(a)(6)-Emergency exit doors are obstructed with clutter- big boxes, filing cabinets, dressers/drawers, chairs, clothes, etc.

Foster Family Home Client Rights [11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- CCFFH Admission Policy and Agreement was not done on Client #1's admission to home.

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

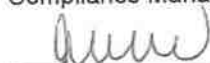
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #2's Service Plan expired on 8/2019.



Compliance Manager



Primary Care Giver

3/17/2020

Date

3/17/2020

Date

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

CCFFH Name: ANABEL CARIBE

CCFFH Address: 94-405 Kuahui St, Waipahu Hawaii 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|---|
| 43(CY3) | RN Delegation was found & filed into a different section of the Binder. RN Delegation was done for Cg #3 by clients CMA. Assigned Delegations was placed into the client #2. | 3/19/20 | = Home will make sure that RN delegation must be filed correctly inside the binder = Home will notify clients CMA that RN delegation needs to be performed within 7-10 days of a caregiver being added to the home. = Home has develop a calendar in front of the personel binder with all due dates. |

Primary Caregiver's Signature: *Anabel Caribe*

Print Name: ANABEL CARIBE

Date of Signature: 4.2.2020

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

CCFFH Name: ANABEL CABEBE
 CCFFH Address: 94-405 Kuaui St, Waipahu Hawaii 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|----------------------------------|--|----------------|---|
| 46(a) - Cg #2 + Cg #3 Cg #3 = | Fire drill was done last 3/18/2020 by Cg #2 [redacted] + has been filed into home binder. Fire drill was done April 1, 2020 | 4-2-20 | Home will make for PCG + SCG monthly schedules for Fire drill to make sure its conducted for the past 12 months. Home will developed a schedule + posted on the refrigerator. |

Primary Caregiver's Signature: [Signature]

Print Name: Anabel Cabebe

Date of Signature: 4-2-2020

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

CCFFH Name: ANABEL CARIBE

CCFFH Address: 94-405 KUAHUI ST, WAIPAHU HAWAII 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--|----------------|--|
| 49.(a)(6) | Clutters obstructed from exit doors have been removed. | 3/27/20 | Home will clear all clutters at all time, + not to obstruct all the exits in the future. |

Primary Caregiver's Signature: 

Print Name: ANABEL CARIBE

Date of Signature: 4-2-2020

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

CCFFH Name: Anabel CABEbe

CCFFH Address: 94-405 Kuahui St, Waipahu Hawaii 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|---|
| 53(a) | CCFFH = Admission Policy + Agreement was done + signed by client #1 + filed into home binder. | 3.17-20 | Home will Always provide in the future CCFFH Admission Policy + agreement upon Admission to A new client. |

Primary Caregiver's Signature: Anabel

Print Name: ANABEL CABEbe

Date of Signature: 4.2.2020

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

CCFFH Name: ANABEL CABEIBE

CCFFH Address: 94-405 Kuahei St, Waipahu Hawaii 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|---|
| 54(C)(2) | - client #2 Service Plan. Home contacted client #2 CMA - Case management agency 3/17/2020. = CMA provided home copies for Service Plans client #2, done, updated, filed + kept in the client #2 record. | 3/19/20 | Home will follow client's service plans + review by PCG + SCG at least every 3 months in the future |

Primary Caregiver's Signature: [Signature]

Print Name: ANABEL CABEIBE

Date of Signature: 4-2-2020

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