

# Foster Family Home - Corrective Action Report

Provider ID: 1-170092

Home Name: Bernadette Berbano, NA

Review ID: 1-170092-6

2435 Kula Kolea Drive

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 11/27/2020

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

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

Comment:

Recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with all items due to CTA within 30 days.

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),(2)- CG#1's APS/CAN Lapsed on 1/24/2020 and renewed on 2/7/2020; Ecrim lapsed on 1/1/2020 and renewed on 5/16/2020. CG#6's APS/CAN/Fingerprinting lapsed on 11/6/2020 and no current results seen in CCFFH binder.

## Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4)- Primary Caregiver disclosure form was not updated to reflect the additional household members living in the upstairs part of the CCFFH.

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

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(6) and 41.f(1-2)- There were 2 connecting doorways that leads to an upstairs and the other to the downstairs part of the CCFFH. Either the CCFFH will need to add as household members or a legal/proper permit will need to be obtained from Dept. of Planning & Permitting.

Also in the Dept of Planning & Permitting Record, the total number of bedrooms was 7 and CTA counted a inspection total of 8 bedrooms

# Foster Family Home - Corrective Action Report

Foster Family Home

Fire Safety

[11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#6 was without evidence of conducting a fire for the past 12 months.

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.

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

Comment:

53.(a), (b)(1)- No completed Admission Policy and Agreement for Client #1 upon admission to the CCFFH.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5)- Client #1's Medication Administration Record was last signed on 11/24/2020.

54.(c)(6)- ADLs/Daily Care Flowsheet was last signed on 11/24/2020 for Client #1 and Client #2. Noted that there was a gap in Client #2's progress note- there was no documentation entries by caregivers from 8/2018 thru 11/19/2020. For Client #1 and Client #2's progress notes- did not contained signatures of caregivers who documented on each dated entries.

54.(c)(8)- Client #1 and Client #2 were without a Personal Inventory List completed since admissions to CCFFH.

*Shantail Nekamire, MA*

Compliance Manager

*Berban*

Primary Care Giver

*11/27/2020*

Date

*11/27/2020*

Date

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)**

Chapter 11-800

PCG's Name on CCFFH Certificate: Bernadette Berbano  
(PLEASE PRINT)

CCFFH Address: 1552 Kalaepa'a Dr. Honolulu, Hawaii 96819  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8(a)(1) 8(a)(2)	APS/CAN Ecrim was done by CG#1 has been put into my binder. APS/CAN was done by CG#6 has been put into home binder.	2/7/20 5/16/20	To prevent it will happen again, i will write the next taken on my phone calendar of APS/CAN, Ecrim schedule in advance 3 weeks before expiration date.
12(4)	HHM was done updated disclosure form by CG#1 has put into home binder.	11/30/20 11/28/20	To prevent it will happen again, i will make sure to up to date any change HHM of PCG disclosure form.
41.(b)(6) 41.(f)(1)	PCG was done added HHM living upstairs in my disclosure form, has been put into home binder. also was done notify property's owner for her blueprint and not permitted 1 bedroom	1/28/20	To prevent it will happen again, i will make sure to up to date PCG disclosure form any change HHM, and also clarify landlord property to have legal blueprint before i sign rental/lease agreement.
41.(f)(2)	PCG was done notify CTA for moving out @1552 Kalaepaa Dr. PCG was done faxed over the information change request form.	12/15/20	FYI: I will move out @1552 Kalaepaa Dr. Hon. Hi. 96819 on the 28th of Dec. 2020. Move in to 2435 Kula Kolea Dr. 96819 on the 28th of Dec. 2020.
46.(b)(2)	Fire drill conducted was done by CG#6 has been put into home binder	11/28/20	To prevent it will happen again, fire drills will be done by CG per each year. Home developed a schedule and has it posted on the refrigerator.
53.(a) (b)(1)	Admission policy Client#1 was done signed by Client's son, has put into home binder.	12/2/20	To prevent it will happen again, will be discuss by PCG the Admission Policy per each Admission.
54.(c)(5)	Medication Administration Record was done signed by CG#1 has been put into client#1's binder.	11/28/20	To prevent it will happen again, i will be sign each medication administration record after supervise client#1 intake medications.

All items that were fixed are attached to this CAP

PCG's Signature: *Bernadette Berbano*

Date: 12/22/2020

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Bernadette Barbano  
(PLEASE PRINT)

CCFFH Address: 1552 Kalaepa'a Dr. Honolulu, Hawaii 96819  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c)(6)	ADL's/Daily Care Flowsheet Client#1 and Client#2 was done signed by CG#1 has been put into their binder.	11/28/20	To prevent it will happen again,i will be sign by CG#1 each Clients ADL's flow-sheet right after assisting clients each day.
	Progress note of Client#1&Client#2 was done by CG#1 has been signed and put into their binder	11/28/20	To prevent it will happen again,i will be do progress note each Clients after assisting end of the day and/or twice a week.or any unusual event each Client and will be done sign byCG#1.
54.(c)(8)	Personal Inventory List of Client#1 and Client#2 was done by CG#1 has been put into their binder.	11/28/20	To prevent it will happen again,i will be done by CG#1 each Clients Inventory List per Client's Admission and or List all their belongings added items.

All items that were fixed are attached to this CAP

Date: 12/22/2020

PCG's Signature: *Bernadette Barbano*

CTA has reviewed all corrected items