

# Foster Family Home - Corrective Action Report

Provider ID: 1-583171

Home Name: Carmencita Gamponia, CNA

Review ID: 1-583171-10

1208 Neal Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 10/23/2020

## 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 3 person CCFFH completed.

Corrective Action Report issued during 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 Ecrim lapsed on 10/21/2020 and no renewal seen in CCFFH binder; CG#4 had no evidence of APS/CAN 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 was not updated to reflect an additional household member to CCFFH.

## 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)- No evidence of confidentiality policies and procedures and client privacy rights training done on HHM#2.

# Foster Family Home - Corrective Action Report

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(a)(1) Reside in the community care foster family home;

41.(a)(2) Be a NA, an LPN, or RN;

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

Comment:

41.(a)(1)- No written authorization from homeowner that CG#1 can utilize home as a CCFFH.

41.(a)(2)- CG#4's RN license expired on 3/2020. No current RN license renewal seen in CCFFH binder.

41.(f)(1)- CG#2's TB clearance expired on 12/12/19 and no current renewal seen in CCFFH binder.

**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- CG#1 and CG#4 had not sign out/in on today's form (October 23, 2020); CG#1 was not home when CTA arrived in CCFFH and CG#4 substituted for CG#1's absence.

Foster Family Home

Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1), (2), (3)- No evidence of a completed Admission Policy and Agreement in CCFFH binder.

**3 Person Fire Safety,  
Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No completed Monthly Fire Drills for the months of 7/2020, 8/2020, and 9/2020 in CCFFH binder.

Shaikel Nakawine, MA  
Compliance Manager

Carrieita Gompson  
Primary Care Giver

10/23/2020  
Date

10/23/2020  
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:

Carmencita Gampoma

CCFFH Address:

1208 Neal Ave. Wahiawa HI 96786

(PLEASE PRINT)

(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)	Action taken before CTA visit proof in the date of the crim	10/21/2020	I will check my binder if all pertinent record are all in place and I will make calendar of all the the schedule
8(a)(2)	CG#4 went to secure all the papers and document relevant to the issue of lock APS/CAN	11/6/2020	I see to it that all my CG is given notice if their document to renew expiration.
12(4)	It was acted before CTA visit but only failed to put in binder.	5/4/2020	I see to it that I will always on the look out of records that is supposed to be in the binder.
16(b)(5)	Produce copies and furnish to employees and household that everybody is given information regarding Confidentiality Policies and Procedure.	10/25/2020	check every patient binder if the documents confidentiality Policies and procedure in place.
41(a)(1)	CG#1 and CG#2 is the owner of the property and both agree to engage business	10/26/2020	give notice in case there's changes of ownership.
41(a)(2)	done prior to visit of CTA only CG#1 failed to put in the binder.	10/25/2020	I circle a date in the calendar that I will always check all records pertinent to my business.

All items that were fixed are attached to this CAP

PCG's Signature:

Carmencita Gampoma

Date:

11/13/2020

CTA has reviewed all corrected items

CTA RN Compliance Manager:

Maribel Nakamine

Community Care Foster Family Home (CCFFH)

Written Corrective Action Plan (CAP)

Chapter 11-900

PCG's Name on CCFFH Certificate:

Carmencita Gamponia

(PLEASE PRINT)

CCFFH Address:

1208 Neal Ave. Wahiawa Hi. 96786

(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?
41(1)(1)	action taken immediately right after CTA inform CG #1 of TB clearance of CG #2. Failed to put in the binder.	12/11/19	acted and put in the binder CG #2 TB clearance to prevent from happening & will always in the look out of every TB clearance list of priority.
(37)(b)(2)	I admit that it was my failure to let client to sign in while som away, and my failure to sign out.	10/25/2020	I will do the best and comply all the procedure for (37)(b)(2)
41(1)(2)(b)	Failed to pull out in the computer for the admission Policy and agreement to. fix for the violation I will always be in look out of certain documents necessary for client and CCFFH related.	10/26/2020	see to it that everything is in the proper file to avoid from repeated happening again.
(37)(b)(1)	cannot corrected, lapse	10/24/2020	be aware always, and comply to do the things that is suppose to be done in order to prevent from happening future violation. and also to create deny and time of <del>time</del> fire drill.

All items that were fixed are attached to this CAP

PCG's Signature:

C. Gamponia

Date: 11/13/2020

CTA has reviewed all corrected items