

Foster Family Home - Corrective Action Report

Provider ID: 1-511502

Home Name: Eriinda Ubaldo, CNA

94-156 Waipahu Street

Waipahu

HI 96797

Review ID: 1-511502-6

Reviewer: David Ayling

Begin Date: 1/22/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA by 2/22/20.

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) - No first year APS/CAN and fingerprints for HHM #2. Moved into CCFFH last December.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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.

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

Comment:

41.(b)(7), 41.(f)(1) - No current TB clearances for all CG's and HHM #2. All CG's expired on 7/2/19. HHM #2 moved into CCFFH last December.

41.(c) - No In-service training done in 2018 for all CG's.

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) - No current Service Plan for client #1 from CMA #1. Needed to be updated 11/2019.

David Ayling RN
Compliance Manager

Eriinda S. Ubaldo
Primary Care Giver

1/22/20
Date

1/22/20
Date

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

CCFFH Name: ERLINDA S. WALDO
 CCFFH Address: 94-156 WAIPAHU ST. WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8a(1)(2)	I got APS/CAN + fingerprint for HHM#2. I put them in my CCFFH binder	2/15/20	I put the expiration dates for APS/CAN, fingerprint + TB clearances for all CG's + HHMs on my calendar. I set the alarm for 2 weeks prior to expiration.
41(b)(1) 41(f)(1)	I got current TB clearance TB clearances for all CG's + HHM#2 have done. I put it in my CCFFH binder	2/26/20 2/16/20	
41(c)	I can't go back to 2018		I have scheduled in service training for 2020 for all CG's
54(c)(2)	I received an updated service plan from CMA #1 for client. I placed it in #1 client chart	2/29/20	I will make sure the CMA RN checks the service plan every month.

Primary Caregiver's Signature: Erinda S. Waldo
 Print Name: ERLINDA S. WALDO Date of Signature: 3/2/2020