Foster Family Home - Corrective Action Report

Provider ID:	**1-562969**		
Home Name:	**Trina Abrigo, CNA**	**Review ID:**	**1-562969-9**
94-1128 Kahuahale Street		Reviewer:	Maribel Nakamine
Waipahu HI 96797		Begin Date:	10/19/2020

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

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

Comment:

Annual visit for a 3 person CCFFH completed.

Corrective Action Report issued during visit 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)- No results of APS/CAN/Fingerprint or Ecrim seen in CCFFH binder for HHM#6, HHM#7, HHM#8, HHM#9, HHM#10, HHM#11, and HHM#12.
For CG#4 APS/CAN lapsed on 8/28/19 and renewed on 9/20/19; HHM#3's APS/CAN lapsed on 8/2/19 and renewed on 9/27/19; and HHM#4's APS/CAN lapsed on 7/11/19 and renewed on 9/20/19.

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/procedures and client privacy rights training for HHM#6, HHM#7, HHM#8, HHM#9, HHM#10, HHM#11, and HHM#12 in CCFFH binder.

Foster Family Home **Quality Assurance** **[11-800-50]**

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- No intercom/buzzer on the outside of garage gate/fence as there were multiple dogs inside the garage.

Maribel Nakamine, RN — 10/19/2020
Compliance Manager — Date

[illegible] — 10/19/2020
Primary Care Giver — 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: Irina R. Abrigo
(PLEASE PRINT)

CCFFH Address: 94-1128 Kahuahale St Waipahu HI 96797
(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), (2)	Lapse cannot be corrected for CG#4, HHM#3, and HHM#4.	10/19/20	CG#1 will use an iphone calendar to schedule due dates 2 months in advance to prevent future lapses.
	For HHM#6, HHM#7, HHM8, HHM#9, HHM#10, HHM#11, & HHM#12 all obtained a current APS/CAN Fingerprinting or Form Results were filed in CCFH binder	10/19/20 11/03/20	
16(b) (5)	No evidence of confidentiality policies/procedures & client privacy rights for HHM# 6, HHM#7, HHM#8, HHM#9, HHM#10, HHM11 & HHM#12	10/19/20	All HHM signed and put in CG binder
50(e)	No intercom/buzzer on the outside of garage fence	11/3/20	installed buzzer buy the gate.

☑ All items that were fixed are attached to this CAP

PCG's Signature: [signature] Date: 11/7/20

☒ CTA has reviewed all corrected items