

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-628159

**Home Name:** Alma Abellanosa, CNA

**Review ID:** 1-628159-8

2416 Wilson Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 4/6/2021

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

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

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 4/13/2020.

## 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)

8.(a)(2)

HHM #2 has no Fingerprint/APS/CAN on record

HHM#3 Fingerprint/APS/CAN expired did on 2/25/20 due 2/25/21 no new APS/CAN Fingerprint.

## 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 confidentiality/privacy training for HHM#2 or HHM#3

# Foster Family Home - Corrective Action Report

## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 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)(4)  
No current disclosure form for CG#1 in binder.

41.(b)(8)  
CG#4 BBP expired 3/14/19.lapsed then 1/27/20-1/27/21. no new

41.(c)  
CG#1 has only 7.5 training hours for 2020

41.(f)(1)  
HHM#2 has no TB clearance on record  
HHM#3 TB clearance expired 3/2021 no new clearance on record

## Foster Family Home

## Physical Environment

[11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

Comment:

49.(a)(3)  
Living room is used for PCG and Spouse CG#2 sleeping on couch and loveseat. PCG and spouse do not have a designated bedroom in the CCFFH.

## 3 Person Physical Environment

## 3 Person Physical Environment

(3P) Env.

(3P)(b)(2) Env. the room must be adequate for socialization and recreation by the clients

Comment:

(3P)(b)(2) Env. Living room is used for PCG and Spouse CG#2 sleeping on couch and loveseat. PCG and spouse do not have a designated bedroom in the CCFFH.

## Foster Family Home

## Client Rights

[11-800-53]

53.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

53.(b)(13)  
CG#1 and CG#2 are storing personal belongings and clothing in Client #1 bedroom.



Compliance Manager



Primary Care Giver

4/6/2021

Date

4/6/2021

Date

CTA RN Compliance Manager: Terry Van Housten RN, MSN, Ed

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

PCG's Name on CCFFH Certificate: Alma Abellanosa

(PLEASE PRINT)

CCFFH Address: 2416 Wilson Street, 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)	Obtained Fingerprint/APS/CAN for HHM#2 and filed on CCFFH binder.	4/29/21	Home will use calendar to input all due dates. Mark calendar 1 month before expiration for renewal.
8(a)(2)	Obtained Fingerprint/APS/CAN for HHM#3 and filed on CCFFH binder.	4/29/21	Home will use calendar to input all due dates. mark calendar 1 month before expiration for renewal.
16(b)(5)	HHM#2 and HHM#3 undergo on confidentiality/privacy training and filed on CCFFH binder	4/10/21	CG#1 will train all HHM and file all necessary documents on CCFFH binder on a timely manner. The home will use a checklist to keep tract of all documents.
41(b)(4)	CG#1 disclosure form on file on CCFFH binder.	4/8/21	CG#1 will file all necessary documents on the CCFFH binder on orderly and timely manner.
41(b)(8)	CG#4 undergo BBP training and filed on CCFFH binder.	4/9/21	The home will use a checklist and mark calendar to keep tract of documents to be renewed.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 5/3/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terry Van Housten RN, MSN, Ed

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

PCG's Name on CCFFH Certificate: Alma Abellanosa  
(PLEASE PRINT)

CCFFH Address: 2416 Wilson Street, 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?
41(c)	CG#1 completed 12 hours of in-service training and filed on CCFFH binder.	9/8/21	Make sure to undergo 12 hours in-service training per year and file on CCFFH binder.
41(f)(1)	HHM#2 TB clearance done and filed on CCFFH binder. HHM#3 TB clearance done and filed on CCFFH binder.	4/22/21 4/26/21	The home will use the calendar to write down the due dates. Mark the calendar 1 month prior to expiration.
49(a) (3)	Obtained a consent from clients 1 and 2/family to share room and for PCG and CG#4 to occupy former clients room.	4/30/21	Will make sure PCG and spouse CG#4 will have a room for privacy.
(3P)(b) (2)	PCG and CG#4 has own room and living room is adequate for socialization and recreation.	4/10/21	Will make sure there's a room for clients socializations and recreations all the time.
53.(b) (13)	PCG#1 and CG#4 personal belongings and clothing stored in our room.	4/10/21	Will make sure not to put our personal belongings inside the clients room.

All items that were fixed are attached to this CAP

PCG's Signature: Alma Abellanosa

Date: 5/3/21

CTA has reviewed all corrected items