

Foster Family Home - Corrective Action Report

Provider ID: 1-200017

Home Name: Cherry Ann Pinacate, CNA

Review ID: 1-200017-3

94-468 Kalukalu Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/16/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 4/16/2021.

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#4's APS/CAN/Fingerprinting lapsed on 3/12/2021 and no current renewal present; HHM#2 and HHM#3 were without any result present of APS/CAN/Fingerprinting in the CCFFH binder.

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 policies and procedures and client privacy rights training present for HHM#2 and HHM#3 in the CCFFH binder.

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

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

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.

Comment:

41.(b)(7)- CG#2's TB clearance expired on 1/2021; CG#3's expired on 10/1/2019; CG#5's expired on 2/24/2021, HHM#2 and HHM#3 were without TB clearances present in the CCFFH binder.

41.(b)(8)- CG#4's bloodborne pathogen and infection control training lapsed on 1/15/2021 and no current renewal present in the CCFFH binder.

41.(c)- CG#5 without an annual in- service training hours for the past 12 months.

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Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- No training present on the CCFFH's Emergency Preparedness Plan for CG#4 and CG#5.

Maribel Nakamine, M 3/16/2021
Compliance Manager Date
Cheryl J. Pucillo 3/16/2021
Primary Care Giver Date

Maribel Nakamine RN

CTA RN Compliance Manager: _____

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

PCG's Name on CCFFH Certificate: Cherry Ann Pinacate
(PLEASE PRINT)

CCFFH Address: 94-468 Kalukalu St. Waiipahu 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	CG#4 Aps/ean Fingerprinting obtained and place in CCFFH binder	3/24/21	Home will keep track of expiring requirements using a calendar posted in the bedroom as a reminder. Will ensure that requirements will be renewed prior to the expiration date.
8(a)2	HHM#2 and HHM#3 Aps/ean Fingerprinting are obtained and place in CCFFH binder.	3/18/21	Home will use calendar to schedule due dates in 1 month advance to prevent future lapses.
16(b)5	HHM#2 and HHM#3 are completely trained and sign privacy right paperwork and place in the CCFFH binder.	3/18/21	Home will make sure to have all HHM trained and sign the documents.
11(b)7	2021 Tb Clearance was obtained for CG#2. It was place into home record.	3/17/21	Home will use a spread sheet on laptop to identify when requirements are due to prevent them from expiring. CG#1 will inform other caregivers when an item is due 1 month before it is due.

All items that were fixed are attached to this CAP

PCG's Signature: Cherry Ann Pinacate

Date: 4/12/21

CTA has reviewed all corrected items

Maribel Nakamine RN

CTA RN Compliance Manager: _____

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

PCG's Name on CCFFH Certificate: Cherry Ann Pinacate
(PLEASE PRINT)

CCFFH Address: 94-468 Kalu Kalu Street 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?
41(b)7	CG#3 Tb clearance obtained and filed in CCFFH binder.	3/23/21	Home will use calendar to schedule due dates 1 month in advance to prevent future lapses.
41(b)7	CG#5 (HHM#1) Tb clearance was obtained and filed in the CCFFH binder.	3/16/21 + 3/22/21	Home will use calendar to schedule due dates in 1 month in advance to prevent future lapses.
41(b)7	HHM#2 and HHM#3 Tb clearance obtained and filed in CCFFH binder.	3/31/21 + 4/7/21	Home will keep track of expiring requirements using a calendar posted in the bed room as a reminder. Will ensure that requirements will be renewed prior to the expiration date.
41(b)8	CG#4 bloodborne pathogen obtained filed in CCFFH binder.	3/16/21	Home will use calendar to schedule due dates 1 month in advance to prevent future lapses.
41(c)	CG#5 (HHM#1) annual in-service obtained and placed in the CCFFH binder.	3/21/21	Home will use calendar to schedule due dates 1 month in advance to prevent future lapses.

All items that were fixed are attached to this CAP

PCG's Signature: Cherry Ann Pinacate

Date: 4/12/21

CTA has reviewed all corrected items

Maribel Nakamine RN

CTA RN Compliance Manager: _____

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

PCG's Name on CCFFH Certificate: Cherry Ann Pinacate
(PLEASE PRINT)

CCFFH Address: 94-468 Kalukapu St Waiipahu 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?
50(a)	CG #4 and CG #5 ^(#441) are trained and sign the CCFFH Emergency preparedness plan and filed in the binder.	3/20/21 + 3/24/21	CG#1 will make sure that will double check paperwork/requirements are completed.

All items that were fixed are attached to this CAP

PCG's Signature: Cherry Ann Pinacate

Date: 4/12/21

CTA has reviewed all corrected items