

# Foster Family Home - Corrective Action Report

Provider ID: 2-560054

Home Name: Ernesto Tadeo, CNA

Review ID: 2-560054-12

16-211 Orchidland Drive

Reviewer: Jackie Chamberlain

Kea'au HI 96749

Begin Date: 3/3/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection

## 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 new household members have not completed background checks

## Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4) 2 new household members were not disclosed

## 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) 2 new HHM have not signed confidentiality policy

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

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.(c) CG # 1 and # 2 do not have proof of training hours

# Foster Family Home - Corrective Action Report

Foster Family Home

Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for client # 3 [REDACTED]

3 Person Fire Safety,  
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire No documentation of CG # 3 leading a fire drill for 2020 or 2021

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner

3 Person Physical  
Environment

3 Person Physical Environment

(3P) Env.

(3P)(c)(3) Env. the room must have adequate furnishings, e.g., tables and chairs

Comment:

(3P)(c)(3) Env. There is no dining area or dining / kitchen table for clients or household members

Foster Family Home

Records

[11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

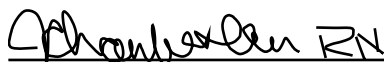
54.(c)(5) Medication schedule checklist;

Comment:

54.(b)(1) CCFFH chart is in disarray making it difficult to survey

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred.

54.(c)(2) No Service plan for client #1 since 3/2018, no service plan in binder for client # 2  
Client # 3: no service plan since 3/2020 and not signed by client or POA



Compliance Manager



Primary Care Giver

3/3/21

Date

3/2/21

Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: ERNESTO TAVEU  
(PLEASE PRINT)

CCFFH Address: 16-211 Orchidland Dr KEAAU HI 96749  
(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?
11-800-6 6A)(1)	We did comply CCFFH inspection made for 3 bed re-certification.	3/29/21	
11-800-8 a) 1 A) 2	We completed the criminal background check.	3/15/21	We will keep a log for every time to recheck background check every 2 yrs.
11-800-16 b)(5)	all HHM attended confidentiality training.	3/6/21 3/17/21	all HHM training will be log to ensure up to date training and confidentiality.
11-800-41 41(C)	3/29/21 We fax the training hrs.	3/29/21	We will maintain up to date documentation and proof of training.
11-800-43 C(3)	Requested RN delegation from RNOCM.	3/4/21	will remind RNOCM during monthly visit, for RN delegation.
11-800-43 43 3P (b)(6)	4/8/21 will send in documentation of CG3 leading fire drill	3/4/21	Will assign each care giver to lead fire drill on rotating monthly schedule.
11-800-49 (C)(3)	Continually de cluttering and maintain cleanliness.	3/4/21	We will organize to maintain a more clearly environments.

All items that were fixed are attached to this CAP

PCG's Signature: E Taveu

Date: 4/8/21

CTA has reviewed all corrected items

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

PCG's Name on CCFFH Certificate: ERNESTO TAVED  
(PLEASE PRINT)

CCFFH Address: 16-211 Orchidland Dr. Keaau HI 96749  
(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?
11-800-49 3P(c)3	We brought dining table and chairs.	3/7/21	The dining table will be permanent, and maintained at the dining area.
3PC3	Indoor & Out door living spaces were organized & keep tidy.	3/8/21	I will clear out, the out door living space, and will organized indoor living spaces to be cleaned and tidy.
11-800-54 b(1)	Chart and documentation were properly labelled and organized.	3/4/21	daily organization of corresponding records.
54 c(5)	Notify PCP and obtain correct MD order for respective medication of the client.	3/7/21	always ask PCP for accurate MD order for any medication. RNCM to check, verify correct transcription in MD order.
54 c(2)	The fix client 1, service plan 2018 was in the old binder, only 2019, 2020 were left in the recent binder. Client 2 1147 2020, 2019 was kept in the binder, client no 3 has service plan 2020 PCP is residing in Honolulu, & we trying to contact to get copies with signature.	3/17/21	will keep service plan in clearly labelled binder.

All items that were fixed are attached to this CAP

PCG's Signature: E Taved

Date: 4/8/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN / Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: ERNESTO TAYED  
(PLEASE PRINT)

CCFFH Address: 16 - 211 Orchidland Koaia HI 96749  
(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?
11-800-2 12.4	I updated the PCG forms, by getting all the documents Ex. TB test background checks disclosure form.	3/29/21	to prevent this from happening again, I will immediately get the PCG disclosures done before having my children move back in, and send it to CTA.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 5/8/21

CTA has reviewed all corrected items