

# Foster Family Home - Corrective Action Report

Provider ID: 1-634908

Home Name: Noly Bacerra, CNA

Review ID: 1-634908-8

94-921 Kuakahi Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

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:

Annual inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due to CTA on 4/3/2021.

## 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#1, CG#4, CG#5, HHM#5's Ecrim expired on 2/15/2021 and CG#2's Ecrim expired on 7/5/2020. All had no current results present in the CCFFH binder. HHM#6 without an Ecrim result present in the CCFFH binder. APS/CAN expired on 2/11/2021 for CG#2. For CG#4, HHM#4, and HHM#5's APS/CAN all expired on 2/22/2021 and no current results present in the CCFFH binder.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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

Comment:

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

41.(f)(1)- HHM#6 without a TB clearance present in the CCFFH binder.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- Monthly Fire Drills for the months of March 2020 thru February 2021 were not present in the CCFFH binder.

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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;

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Comment:

54.(c)(2)- Client #1's Service Plan dated 1/1/2021 contain only the 1st page (signature page), the rest of the pages of the service plan were not seen in client's chart. Also noted that there was no signature of the client/POA on the acknowledgement page (1st page).

Mirebel Nekrasinski 3/3/2021  
Compliance Manager Date  
[Signature] 3/3/2021  
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: Noly C Bacerra

(PLEASE PRINT)

CCFFH Address: 94-921 Kuakahi St. Waipahu, Hawaii 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	Ecrim record was obtained for CG#1, CG#2, CG#4, HHM#5. It was placed into home record.	3/3/2021	In the future i will do calendar on my Iphone to alert me at least a month before due dates.
	Ecrim record was obtained for HHM#6. It was placed into home record	3/8/2021	I will ensure to use a wall calendar to put all my due dates on.
8.a.2	APS/CAN was obtained for CCG#2, CCG#4, HHM#4, HHM#5. It was placed into home record.	3/25/21	Home will use spreadsheets on my laptop to identify when all my requirements are due to prevent them from expiring.
41.b.8	Bloodborne Pathogens was obtained for CG#4. It was placed into home record.	3/3/2021	I will do a checklist in my calendar to keep track of the dates so that they do not expire.
41.f.1	TB clearance was obtained for HHM#6. It was placed into home record.	3/10/21	Make a checklist calendar to all my HHM to keep track of the dates so that they do not expire.
46.a	Lapse cannot be corrected	3/5/2021	I will ensure that all my caregivers will do participate Fire Drills at least once a year.
54.c.5	CMA signed and updated for client#1 and it was placed into client binder.	3/5/2021	Home will review client chart to make sure everything is complete and performed every 6 months.

All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

Date: 4/05/21

CTA has reviewed all corrected items