

Foster Family Home - Corrective Action Report

Provider ID: 1-634677

Home Name: Feby Adviento, NA

Review ID: 1-634677-7

1452 Alani Street, Unit A

Reviewer: Julie Hastings

Honolulu

HI 96817

Begin Date: 4/21/2021

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 2 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 5/21/2021.

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)
CG#3 and CG#4 Fingerprint done 8/18/19 due 8/19/20. no current fingerprint on file

8.(a)(2)
CG#3 and CG#4 APS/CAN done 8/18/19 due 8/19/20. no current APS/CAN on file
CG#1 APS/CAN lapsed did 11/10/17. Was due on or before 11/7/19. Was done 1/25/2020
CG#2 APS/CAN lapsed did 3/13/17. Was due on or before 3/13/17. Was done 2/25/20.

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

Comment:

41.(b)(7)
CG#1 TB lapsed did 2/15/18 and 1/29/20
CG#2 TB lapsed did 2/22/18 and 2/3/20
CG#3 TB lapsed did No current TB

41.(b)(8)
CG#1 and CG#2 BBP expired 1/20/21

41.(f)(1) HM#2, HHM#3 have no TB or TB declination form
CG#2 CPR/First aid lapsed expired 2/7/19 did not complete again until 1/20/20.

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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 for CG#3 or CG#4 for Client #1 no delegation for CG#1, #2, #3 or #4 for client #2

Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

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

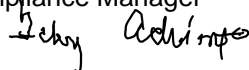
Comment:

54.(c)(1)
face sheet does not have insurance for either client #1 or #2

54.(c)(5)
Medication Record does not match pill bottle or MD order



Compliance Manager



Primary Care Giver

4/21/2021

Date

4/21/2021

Date

CTA RN Compliance Manager: Julie Hasting RN

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

PCG's Name on CCFFH Certificate: FEIY ADVIENTO
(PLEASE PRINT)

CCFFH Address: 1452 ALANI ST HONOLULU HI 96817
(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 fingerprinting by going online for the CGs	05-03-21	check regularly if document is still valid
8.a.2	obtained APS online for the CGs	05-03-21	make note of when I need to get new one
41.b.7	caregiver obtained new TB from doctor's for the CGs	05-03-21	make sure to ask doctor for TB at least 1x year
41.b.8	CPR obtained: expires 2022 for the CGs	NA	make note of when I need to get new one
41.b.8	BBP received in April for the CGs	04-21-21	make note to get it every year
41.f.1	obtained TB clearance for children	05-13-21	include TB during yearly checkups
43.c.3	filled new form with new, valid signatures for the CGs	05-02-21	make sure document filled with accurate info
54.c.1	obtained face sheet from [redacted]	05-13-21	make sure to not lose face sheet and keep in safe spot
54.c.5	obtained new med log with accurate info from [redacted]	05-13-21	call [redacted] to fix any changes when necessary

All items that were fixed are attached to this CAP

PCG's Signature: Feiy Adviento

Date: 05-27-21

CTA has reviewed all corrected items