

Foster Family Home - Corrective Action Report

Provider ID: 1-110030

Home Name: Alicia Zafaralla, CNA

Review ID: 1-110030-12

1496 Lehia Street

Reviewer: Julie Hastings

Honolulu

HI 96818

Begin Date: 6/26/2021

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

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

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.

Home inspection completed for a 3 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 8/1/2021.

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#1 only has one set of fingerprint in binder dated 5/22/17

CG#2 only has one set of fingerprint in binder dated 9/28/18

CG#4 only has one set of fingerprint in binder dated 9/18/19

8.(a)(2)

No e-Crim in binder for CG#3 or CG#4

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

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

Comment:

41.(b)(7)

CG#1 TB lapsed did 2/25/20- was due by March 2021 did again on 6/3/21.

Cg#3 TB lapsed. last TB in binder is 4/21/18. No 2019, 2020, or 2021 TB in record.

CG#4 TB lapsed last TB on record was 2/25/20. Was due by March 2021. No new TB on record.

Foster Family Home - Corrective Action Report

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(1) Staff An updated Application Form including an updated Disclosure Form.

(3P)(b)(4) Staff To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

(3P)(a)(1) Staff
CG#3 only approved for a 2 client home. No Approval form for 3 bed home.
CG#4 only approved for a 2 client home. No Approval form for 3 bed home.

(3P)(b)(4) Staff
CG#2 has approval form in Odie. But no work experience or 3 client approval in binder.

CG#3 has no work experience in binder
CG#4 has no work experience in binder

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 Delegation for Client #1 for CG#2 or CG#3

There is delegation for previous caregiver (#5) as recent as 11/3/2020

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

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

Comment:

(3P)(b)(1) Fire No May-December 2020 Fire Drill
(3P)(b)(6) Fire-No Fire Drill by CG#3



Compliance Manager



Primary Care Giver

6/26/2021

Date

6/26/2021

Date

CTA RN Compliance Manager: Julie Hastings

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-300

PCG's Name on CCFFH Certificate: ALICIA ZAFARALLA

CCFFH Address: 1496 LEHIA ST. HON. HI 96818
(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 #1 has been found 2 sets of fingerprint. CG #2 was scheduled for fingerprint. CG #4 has been found one set of fingerprint.	7/1/21 7/31/21 6/30/21	Home understands the background check requirements. Home will use calendar on iphone to input all due dates to prevent any future lapses.
8.(a)(2)	e-CRIM for CG #3 and CG #4 was obtained.	7/21/21 6/30/21	Home will use a wall calendar to put all due dates on. Background checks will be done at least 3 wks before due date to prevent future lapses.

All items that were fixed are attached to this CAP

PCG's Signature: Alicia Zafaralla

Date: 8/1/21

CTA has reviewed all corrected items

2 of 19

CTA RN Compliance Manager: Julie Hastings

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

PCG's Name on CCFFH Certificate: ALICIA ZAFARALLA
(PLEASE PRINT)

CCFFH Address: 1496 LEHIA ST HON. HI 96818
(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)	Lapse cannot be corrected for CG #1 for TB clearance. CG # 3 lapsed cant be corrected. CG # found TB clearance for 2021 CG #4 TB clearance was obtained. It was placed into home record.	7/4/21 7/4/21 7/28/21	Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.

All items that were fixed are attached to this CAP
 PCG's Signature: Alicia Zafaralla Date: 8/1/21

CTA has reviewed all corrected items

3 of 19

CTA RN Compliance Manager: Julie Hastings

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

PCG's Name on CCFFH Certificate: ALICIA ZAFARAWA
(PLEASE PRINT)

CCFFH Address: 1496 LETHA ST. Hon. HI 96818
(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?
(3P)(a)(1)	CG # 3 and CG #4 will not be used at this time [REDACTED]	7/10/21	Home will wait until further notice to be approved for 3 beds.
(3P)(b)(4)	CG # 2 work experience found.	6/28/21	Home should always keep in binder at all times.
	CG # 3 work experience done.	7/10/21	
	CG # 4 work experience has been done.	7/10/21	

All items that were fixed are attached to this CAP

PCG's Signature: Alicia Zafarawa

Date: 8/1/21

CTA has reviewed all corrected items

4 of 19

CTA RN Compliance Manager: Julie Hastings

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

PCG's Name on CCFFH Certificate: Alicia Zafarana

CCFFH Address: 1496 LEHIA ST. Hon. HI 96818
(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?
43(C)(3)	RN Delegation was done for client #1 for CG # 2 and CG # 3. It was placed into the client record.	7/1/21	Home will notify client's CTA that RN delegation needs to be done within 2-3 days of a caregiver being added to the home. Home has developed a calendar in the front of the personnel binder with all due dates.
(3P)(b)(1)	Fire drill (May - Dec/20) has been found on a separate folder.	6/28/21	
(3P)(b)(2)	Fire drill by CG # 3 was done. Forms has been put into home binder.	7/2/21	Five drills will be done by each caregiver at least once a year. Home developed a schedule and has it posted on the refrigerator.

All items that were fixed are attached to this CAP.
PCG's Signature: Alicia Zafarana Date: 8/1/21

CTA has reviewed all corrected items