

# Foster Family Home - Corrective Action Report

Provider ID: 1-513003

Home Name: Cherry Quibol, CNA

Review ID: 1-513003-8

94-1481 Hiapo Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 7/1/2021

## 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 inspection 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;

Comment:

8.(a)(1) APS/CAN was lapsed for CG # 4 and HHM # 1

## 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 proof of provide training HHM on their confidentiality policies and procedures and client privacy rights.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(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)(b)(4) Staff no proof of 3 bed approval for CG # 2 and 3

## 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) No documentations of fire drills since May 2021

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Foster Family Home

Quality Assurance

[11-800-50]

50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) visiting hours state limited. Per "My choice my way" visiting hours cannot be restricted.

53.(b)(15) Client # 1 2 and 3 does not has a lock on the inside bathroom or bedroom doors for patient privacy

Foster Family Home

Records

[11-800-54]

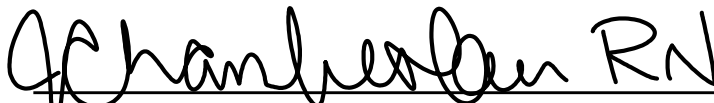
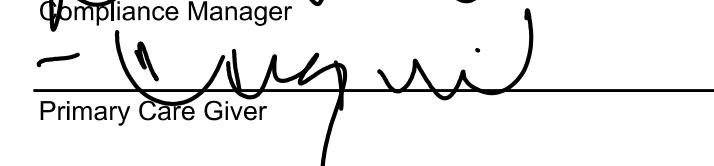
54.(c)(7) Expenditure records; and

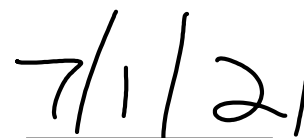
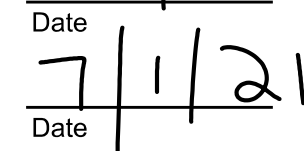
54.(c)(8) Personal inventory.

Comment:

54.(c)(7) Client # 3 No Personal allowance log documentation

54.(c)(8) Client # 3 No client belonging record documentation

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date

CTA RN Compliance Manager: Terri Van Houten (RN)

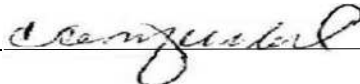
**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Cherry S. Quibol  
(PLEASE PRINT)

CCFFH Address: 94-1481 Hiapo St 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?
8.a.1.	Lapse cannot be corrected.	7/2/21	Home will use bulletin board to put all due dates on. Background checks will be done at least 1 month before due date to prevent future lapse.
16.b.5.	HHM done his training for confidentiality policy and procedures and client privacy right. It was placed in home record.	7/2/21	Home will asked all CG, HHM to review the policy and procedure of CCFFH and attend inservice to update them.
3P.b.4.	Application for 3 beds for CG#3 was sent for approval. Note CG#3 remove. Change form was placed in home record, sign out sheets placed into home record.	7/2/21	Home remind █ CG to sign in and out in 3 bedroom certified sign out sheets everytime they come to watch clients.
46.a	Documents of fire drills for the month of May-July 2021 was done, it was placed into home record.	5/2/21 6/19/21 7/2/21	Home will maintain a calendar for monthly firedrill schedule and include the testing of smoke detectors.

All items that were fixed are attached to this CAP

PCG's Signature:  Date: 8/1/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten (RN)

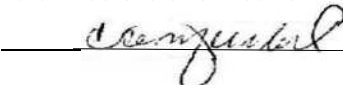
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
50.e.	Installed new door bell by the gate for quick access into the CCFFH, pictures enclosed.	7/10/21	Home will review and comply with all physical requirements for the CCFFH.
53.b.15	A new visiting hours policy correction. It was given to the family a copy. A new policy for 24/7 daily post of a copy on front door and it was placed into home record.	7/10/21	Home will review and comply with all visiting hour requirements for the CCFFH.
53.b.15	Installed new clos for client 1-2-3 bedrooms & bathroom. Now his lock on the inside. Pictures enclosed.	7/10/21	Home should be up to date on all new rules and regulations by reading all the CTA newsletters and attending inservices.
54.c.7.	Client #3 family sign & confirm that they handle the finances of client #3 and copy of confirmation enclosed and 1 copy was placed into client files.	7/2/21	Home will make a checklist of documents needed when a client is admitted to the CCFFH.
54.c.8.	Personal belongings inventory for client #3 was done. It was placed into the client files.	7/10/21	Upon admitting clients, CG should do the inventory list for the belongings. Will make a checklist of documents needed when a client is admitted to the CCFFH

All items that were fixed are attached to this CAP

PCG's Signature:  Date: 8/1/21

CTA has reviewed all corrected items

