

# Foster Family Home - Corrective Action Report

Provider ID: 1-190036

Home Name: Mitch Cadiz, RN

Review ID: 1-190036-4

1048 B Horner Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 5/18/2021

## 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.

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A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 6/18/2021.

## 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)

8.(a)(2)

CG#1 APS/CAN Fingerprint lapsed did 1/21/19 and 3/28/20.

CG#2 APS/CAN/Fingerprint [REDACTED] no [REDACTED] for [REDACTED] has [REDACTED] for his [REDACTED] ly.

CG#3 APS/CAN Fingerprint lapsed did 1/15/19 and 3/28/20.

HHM#4 APS/CAN Fingerprint lapsed did 1/15/19 and 2/27/20.

HHM#5 not declared lives upstairs [REDACTED] No APS/CAN/Fingerprint on file.

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

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

Comment:

12.(4)

HHM #5 not declared/disclosed. No background checks, TB or privacy agreements on record in CCFFH.

## 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 Privacy agreement signed by HHM#5

# Foster Family Home - Corrective Action Report

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

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

Comment:

41.(b)(4)  
No disclosure form for CG#2 or CG#3 in binder

41.(b)(7)

CG#2 and CG#3 TB expired CG#2 last 2/27/20. no 2021 CG#3 last 2/28/20 no 2021

41.(f)(1)  
HHM#3 TB expired, Last done 2/25/2020. Was due on or before 2/25/21.  
HHM#4 TB expired last 5/15/19. No 2020 or 2021 TB.  
HHM#5 has no TB on record

Foster Family Home

Client Care and Services

[11-800-43]

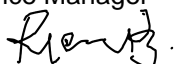
43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)  
CG#2 has No RN delegation for Client #1 or Client #2



Compliance Manager



Primary Care Giver

5/18/2021

Date

5/18/2021

Date

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Mitch Cadiz

*(PLEASE PRINT)*

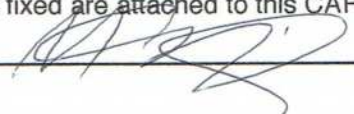
CCFFH Address: 1048B Horner St, Honolulu, HI 96819

*(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?
6.d.1	All required documents gathered and corrective action plan (CAP) completed and sent.	6/7/21	Home will use a wall calendar on which to put all due dates.
8.a.1 8.a.2	APS/CAN for CG#1, CG#2, CG#3, HHM#3, HHM#4, & HHM#5 completed. Will place in home record once results in. [REDACTED] request form for CG #2 [REDACTED] completed and sent.	5/20/21	Background checks will be done at least 2 months prior to due date to prevent future lapses. Home will use a wall calendar as a reminder for all due dates.
12.4	HHM#5 added under PCG Disclosure Form, Section 2, #7. APS/CAN, TB for HHM#5 completed.	5/20/21	Background checks and TB will be done at least 2 months prior to due date to prevent future lapses. Home will use a wall calendar as a reminder for all due dates.
16.b.5	Privacy agreement for HHM#5 completed & placed in home record.	5/25/21	Privacy agreement form will be done in advance using a wall calendar as a reminder for all due dates.
41.b.4 41.b.7 41.f.1	Disclosure form for CG#2 & CG#3 completed and placed in home record. TB for CG#2 & CG#3 renewed and placed in home record. TB for HHM#3, HHM#4, & HHM#5 renewed and placed in home record.	5/25/21	Disclosure form will be done in advance. TB renewal will be done at least 2 months prior to due date to prevent future lapses. Home will use a wall calendar as a reminder for all due dates.
43.c.3	CG#2 RN delegation completed for client #1 and client #2 and placed in home record.	5/20/21	RN delegation form will be completed in advance. Home will use a wall calendar as a reminder for all due dates.

All items that were fixed are attached to this CAP

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



Date: 6/24/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Mitch Cadiz  
(PLEASE PRINT)

CCFFH Address: 1048B Horner St, Honolulu, HI 96819  
(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; 8.a. 2	[REDACTED] was sent and approved for CG#2 [REDACTED]	7/30/21	Background checks will be done at least 2 months prior to due date to prevent future lapses. Home will use a wall calendar as a reminder for all due dates.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 08/02/21

CTA has reviewed all corrected items