

Foster Family Home - Corrective Action Report

Provider ID: 1-150027

Home Name: Anthony Castillo, CNA

Review ID: 1-150027-8

94-339 Waipahu Street

Reviewer: Manbel Nakamine

Waipahu HI 96797

Begin Date: 6/23/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/23/2021.

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's APS/CAN lapsed on 6/5/2021 and Ecrim lapsed on 6/7/2021; no current results present in the CCFFH binder.

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

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)(7)- CG#2' TB clearance lapsed on 3/22/2018 and no current result present in the CCFFH binder.

41.(f)(1)- HHM#2's TB clearance lapsed on 5/28/21 and no current result present in the CCFFH binder.

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

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4)Staff- No completed Job Experience Form for CG#2.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

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

Comment:

(3P)(b)(1)Fire- No monthly fire drill conducted for the following months: 2/2021, 3/2021, 4/2021, and 5/2021.

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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;

Comment:

54.(c)(2)- Client #1's Service Plan expired on 2/27/2021.

Maikel Nakamine, M 6/23/2021

Compliance Manager

Date

ANTHONY B. CASTILLO

6/23/2021

Primary Care Giver

Date

CTA RN Compliance Manager: Maribel Nakamine RN

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

PCG's Name on CCFFH Certificate: Anthony Castillo

(PLEASE PRINT)

CCFFH Address: 94-339 Waipahu Street, 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	6/23/21	Home will use a printed spreadsheet that goes in the front of the binder to keep track of the requirements when its due to prevent expiring.
8.a.2	Lapse cannot be corrected	6/23/21	Home will use a printed spreadsheet that goes in the front of the binder to keep track of the requirements when its due to prevent expiring.
41.b.7	2021 TB clearance was obtained for CG#2. It was placed into home record.	4/23/21	Home will use a printed spreadsheet that goes in the front of the binder to keep track of the requirements when its due to prevent expiring. CG#1 will inform other caregivers 1 -month before it is due to ensure it will not lapse.
41.f.1	2021 TB clearance was obtain for HHM#2. It was place into home record.	7/9/21	Home will use a printed spreadsheet that goes in the front of the binder to keep track of the requirements when its due to prevent expiring. CG#1 will inform other caregivers 1 -month before it is due to ensure it will not lapse.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Anthony Castillo

Date: 7-19-2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine RN

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

PCG's Name on CCFFH Certificate: Anthony Castillo
(PLEASE PRINT)

CCFFH Address: 94-339 Waipahu Street, 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?
3.p.a.4	Job requirements completed. CG#2 has been working as a CG since 2016 and has completed 40 hours a week.	7/20/21	Job experience form has been completed signed and place in the home binder.
3p.b.1	Violation cannot be corrected as it has been lapse	6/24/21	CG#1 will conduct a fire drill monthly. CG#1 will keep a monthly calendar reminder so that it can be done regularly.
54.c.2	CM updated/completed the service plan.	2/2/21	CG#1 will double check to make sure that every documents are completed/signed by CM. CG#1 will keep a log in the binder of what the CM need to update and sign on a regular basis.

All items that were fixed are attached to this CAP

PCG's Signature: *Anthony Castillo* Date: 7-19-2021

CTA has reviewed all corrected items