

Foster Family Home - Corrective Action Report

Provider ID: 1-598667

Home Name: Jovedelin Suniga, CNA

Review ID: 1-598667-7

1141 Kaili Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 5/19/2021

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 3 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 6/19/2021.

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 e-Crim lapsed. Did 3/29/19. Was due on or before 3/29/21. Did again 3/31/21.

CG#5 E-Crim lapsed. Did 3/29/19-Was due on or before Did Again 4/5/21 OFFENSE in 2016

CG#5 Finger print lapsed. 3/19/18-4/1/2020 [REDACTED] 7/13/2020 [REDACTED] CG says she sent, but did not get a result, h as money order but no certified mail receipt of proof

HHM#5 Fingerprint lapsed. did 4/2/19. Was due on or before 4/2/20. Did 5/4/21.

HHM#5 has no E-Crim

8.(a)(2)

CG#5 APS/CAN lapsed. 3/19/18-4/1/2020 [REDACTED] for 7/13/2020 [REDACTED] CG says she sent, but did not get a result. has money order but no certified mail receipt of proof.

HHM#5 APS/CAN lapsed did 4/2/19 and 5/4/21.

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Foster Family Home

Personnel and Staffing

[11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

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

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(b)(7)
CG#5 TB lapsed 4/3/20 no 2021.

41.(h)
CG#3, CG#4, CG#5 not approved for a 3-client home.

CG#6 does not have 3-client approval form in Binder

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

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

Comment:

(3P)(b)(1) Fire
(3P)(b)(6) Fire

No Fire Drill recorded in September 2020.
CG# 3 did not lead a Fire Drill in 2020

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 Service plan has expired last was dated 8/3/2020.



Compliance Manager

Primary Care Giver

5/19/2021

Date

5/19/2021

Date

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: Jovedelin M Suniga
(PLEASE PRINT)

CCFFH Address: 1141 Kaili St Honolulu, Hawaii 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) CG#1	Ecrim lapsed for 2 days. Was done right away. It was place on the binder.	3/31/21	Set reminder on phone for all backgrounds checks due dates.
CG#5	Ecrim is currently updated. Not sure where is 3/29/19 and 4/5/21 came from. And there is no offense in 2016.	7/14/20 and 3/31/21	Will make sure all documents are visible enough next time. Would appreciate if compliance manager will verify to caregiver.
CG#5	Exemption request was granted and approved.	08/25/21	Will set reminder on the phone to do the exemption request every 2 years.
HHM#5	Fingerprint has 2 consecutive years and done again after 2 years for the third time. PCG got mistake on fieldprint code when scheduling APS/CAN only on 5/4/21. Instead used fingerprint code.	3/29/18, 4/2/2019 then 5/4/2021	Set reminder on phone before it's due dates.
HHM#5	Fingerprint, APS,CAN was just obtained.	5/4/2021	I believed ecrim is not needed at this time. Will secure ecrim within 2 years.
8.(a)(2) CG#5	APS,CAN has 2 consecutive years and done again after 2 years.	5/2/2017, 5/21/18 then 2020	All documents were in the binder during the visit. Make sure visible enough next time. Set reminder on the phone before it's due.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 8/25/21

CTA has reviewed all corrected items

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: Jovedelin M Suniga
(PLEASE PRINT)

CCFFH Address: 1141 Kaili St Honolulu, Hawaii 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)(2) HHM#5	Fingerprint, APS/CAN was done 2 consecutive years and done again after 2 years for the third time.	3/29/18, 4/2/19, then 5/4/21	Will secure APS/CAN on or before 5/4/2023 for HHM#5.
41(b) (7) CG#5	Doctor's appointment was done right away.	6/2/21	Will remind █ CG to obtain TB clearance on or before due dates to prevent future lapses.
41(h) CG#3	Caregiver was approved for 3-bed CCFFH █ CG.	8/25/21	█ CG #3, #4, #5, #6 are my █ CG's since I started the fosterhome last 2007 and approved for 3-beds in 2010. Since then no one corrected it during my previous recertification years till now.
CG#4	Caregiver was approved for 3-bed CCFFH █ CG.	8/25/21	
CG#5	Caregiver was approved for 3-bed CCFFH █ CG	8/25/21	
CG#6	Caregiver was approved for 3-bed CCFFH █ CG	7/9/21	
(3P)(b) (1)fire (3P)(b) (1) CG#3	Missing 1 month fire drill for the first time in 14 years Due to pandemic █ CG's are limited to get closed contact with client's.		Will make sure to do fire drill every single month. Will make sure all █ CGs have to do fire drill at least once a year.
54(c) (2) Client1	Notify CMA to obtain copy of Service Plan	5/19/21	Needs to remind CMA to give caregiver a copy of updated SP right after signing.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 8/25/21

CTA has reviewed all corrected items