

Foster Family Home - Corrective Action Report

Provider ID: 1-160005

Home Name: Eden Jamandre Orpilla, CNA

Review ID: 1-160005-7

2025 Uhu Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 3/5/2021

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 2 person CCFFH recertification.

Home inspection completed for a 2 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 4/5/2021.

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)

Upstairs tenant does not have APS/CAN/Fingerprint on record

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)

Tenant upstairs has no confidentiality training

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

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

Comment:

41.(c)

CG#1 and CG#2 have no training documented for 2020

41.(f)(1)

upstairs tenant does not have a TB declination form

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Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)
No March 2021 Medication Administration record for Client #1 or #2



Compliance Manager



Primary Care Giver

3/5/2021

Date

3/5/2021

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: Eden Jamandre Orpilla
(PLEASE PRINT)

CCFFH Address: 2025 Uhu Street, 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?
41.(c)	Training documents are filed and kept placed in binder.	03/05/21	Training documents are filed and kept binder for 2 years. ■CG will use a calendar for expiration dates.
54.(c)(5)	Medication Administration record filed in binder for client #1 or #2.	03/05/21	Medication Administration record will be filed in right section of binder for Client #1 and #2. ■CG will review the binders monthly to make sure.

All items that were fixed are attached to this CAP

PCG's Signature:  Date: 4/5/2021

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: Eden Jamandre Orpilla
(PLEASE PRINT)

CCFFH Address: 2025 Uhu Street, 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)	Tenant moved out.	9/6/2021	If tenant(s) occupy unit upstairs, all adult will provide criminal history record check and adult protective services perpetrator checks. ■CG will use a checklist and collect and file in binder.
16.(b)(5)	Tenant moved out.	9/6/2021	Tenant(s) that will occupy unit upstairs will sign a confidentiality training form. ■CG will use a checklist and collect and file in binder.
41.(f)(1)	Tenant moved out.	9/6/2021	Tenant(s) that will occupy unit upstairs will provide TB clearence yearly. ■CG will use a checklist and collect and file in binder.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 9/10/2021

CTA has reviewed all corrected items