

Foster Family Home - Corrective Action Report

Provider ID: 1-190045

Home Name: Rochelle Billones Visaya, NA

Review ID: 1-190045-4

1774 Kuikele Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 6/22/2021

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.
Home is in compliance with all reviewed HARS.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 7/22/2021.

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 lapsed did 2/17/20 Was due on or before 2/17/21. Did again on 3/29/21

HHM#2, HHM#4, HHM#5 have no APS/CAN/Fingerprint on file

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

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

Comment:

41.(f)(1)
No TB for HHM#2

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) none for CG#2 CG#3 for Client #1

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Foster Family Home


Fire Safety

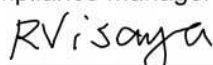
[11-800-46]

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 Fire Drill for CG#2 or CG#3 in 2020



Compliance Manager


Primary Care Giver

6/22/2021

Date

6/22/2021

Date

CTA RN Compliance Manager: Teri Van Housten, RN,MSN Ed

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

PCG's Name on CCFFH Certificate: Rochelle Visaya
(PLEASE PRINT)

CCFFH Address: 1774 Kuikele 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.2	Lapse cannot be corrected CG # 1 APS CAN Fingerprint.	3/29/21	Home will use a wall calendar or use alert on iphone to put all due dates on. Background checks will be done at least 30 days before due date to prevent future lapses.
8.a.2	Lapse cannot be corrected. The fingerprint result of HHM # 2 done on 7/6/21 has a [REDACTED] determination. Done Filing an [REDACTED] but still pending. Copy filed in home binder.	7/6/21	Home will make sure to file an [REDACTED] Results still pending.
8.a.2	Lapse cannot be corrected no proof of 1st set of APS CAN Fingerprints for HHM # 4. Done on 7/6/21 and placed in home folder.	7/3/21	Home understand the background checks requirements. Home will input 30 days before the due dates and will use a calendar or use an alert on iphone to prevent any future lapses.
8.a.2	Lapse cannot be corrected no proof of 1st set of APS CAN Fingerprints for HHM # 5. Done on 7/3/21 and placed in home folder.	7/7/21	Home understand the background checks requirements. Home will input 30 days before the due dates and will use a calendar or use an alert on iphone to prevent any future lapses.

All items that were fixed are attached to this CAP

PCG's Signature: R Visaya

Date: 7/7/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Teri Van Housten, RN, MSN Ed

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

PCG's Name on CCFFH Certificate: Rochelle Visaya
(PLEASE PRINT)

CCFFH Address: 1774 Kuikele 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.f.1	Tb Clearance was obtained for HHM # 2. It was placed into home record.	9/11/20	Home will make sure the Tb Clearance will be on file.
43.c.3	RN delegation was done for CG # 2 and CG # 3 for Client # 1 by the client's CMA. It was placed into the client record.	6/24/21	Home will notify client's CMA that RN delegation needs to be done within 24 hours of a caregiver being added.
46.a	Firedrill lapse cannot be corrected for CG # 2 or CG # 3 in 2020. July firedrill was conducted by CG # 2 and filed in the home binder.	7/2/21	I understand that all CG 's must conduct a firedrill each year even if the participate in other drills. All completed firedrill forms will be filed in the CCFFH binder. Home will use a wall calendar or use alert on iphone

All items that were fixed are attached to this CAP

PCG's Signature: R Visaya

Date: 7/7/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Teri Van Housten, RN,MSN Ed

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

PCG's Name on CCFFH Certificate: Rochelle V. Rosario
(PLEASE PRINT)

CCFFH Address: 1774 Kuikele Street Honolulu i 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	The HHM#2 the violation related to the APS/CAN that the [REDACTED] was approved.	9/29/21	Home will use a wall calendar to put all due dates on. Background checks will be done at least 30 days before due date to prevent future lapses.

All items that were fixed are attached to this CAP

PCG's Signature: Rosario

Date: 9/29/21

CTA has reviewed all corrected items