

Foster Family Home - Deficiency Report

Provider ID: 1-518475

Home Name: Corazon Cabantangan, CNA

Review ID: 1-518475-11

911 Winant Street

Reviewer: Julie Hastings

Honolulu

HI 96817

Begin Date: 10/11/2021

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 3 person CCFFH recertification
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 11/12/2021.

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)
CG#3 and HHM#1 do not have a signed Privacy/Confidentiality training.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(8)
CG#3 does not have First Aid/CPR or Bloodborne training in binder.

41.(e)
CG#2 does not have CG approval form in binder.

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)
no delegation for CG#3 for Client #1 or Client #2

Foster Family Home - Deficiency Report

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(a) Fire The home shall have a written plan of evacuation and safe care of the client away from the home in case of a fire, natural disaster or other emergency. The plan shall be:

(3P)(a)(1) Fire Updated as necessary, when significant changes occur in the physical or mental condition of the client, or the structure of the home, and;

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

Comment:

(3P)(b)(6) Fire
No Fire Drill in 2020 for CG #2

(3P)(a) Fire
(3P)(a)(1) Fire

Home does not have an updated evacuation plan after client room change and blocked evacuation route.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

Comment:

49.(a)(6)
Back hallway leading to primary client fire exit is blocked from floor to ceiling with storage,



Compliance Manager

10/11/2021

Date

Primary Care Giver

10/11/2021

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: CORAZON A. CABANTANGAN
(PLEASE PRINT)

CCFFH Address: 911 WINANT STREET HONOLULU, HI 96817
(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?
16(b) (5)	Privacy/Confidentiality training for HHM #1 and CG #3 was signed and filed in binder.	10/13/21	Home will make sure all required forms should be signed. To prevent future mistake, CG should check binder periodically and make a checklist of all things that should be done, or record to smart phone calendar for reminder.
41.(b) (8)	CG #3 First Aid/CPR or Bloodborne training already filed in the binder.	10/13/21	CG shouldn't remove First Aid/CPR or Bloodborne Pathogen from the binder, to prevent this mistake again.

All items that were fixed are attached to this CAP

PCG's Signature: *Corazon A. Cabantangan*

Date: 10-1-21

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: CORAZON A. CABANTANGAN

CCFFH Address: 911 WILSON ST. HONOLULU, HI 96817
(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(b) (8) CONTD.			■ CG will make a checklist on xerox paper, and will write a note to check and file necessary requirements in the binder, and stick the checklist in front of the binder, and also ■ CG will input all requirements and due dates to smart phone calendar for reminder.
41.(e)	CG #2 already filed the ■ CG approval form in the binder.	10/13/21	Home shouldn't remove ■ CG Approval form -

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 11-1-21

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: CORAZON A. CABANTANGAN
(PLEASE PRINT)

CCFFH Address: 911 WINDY ST. HONOLULU, HI 96817
(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.(e) CONTD			to binder, To prevent this mistake again, CG will write a note on a xerox paper to keep all necessary requirement in the binder and attached note in front of the binder, or write a note in smart phone calendar.
43(c) (3)	CG # 3 for client #1 and #2 scheduled and obtained RN delegation and filed in client's binder.	10/22/21	To prevent future mistake CG will schedule for RN delegation as soon

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 11-1-21

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: CORAZON A. CABANTANGAN
(PLEASE PRINT)

CCFFH Address: 911 WINANT ST. HONOLULU, HI 96817
(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?
43(c) (3) CONTD.	CG # 3 -		As caregiver client added to the home, CG will put a reminder to Smart phone calendar to schedule for RN delegation.
(3P) (b)(6)	CG # 2 conducted Fire drill	10/15/21	To prevent this mistake again, CG will make a list of schedule on a xerox paper and attach in front of the binder to make sure all CGs will conduct fire drill. CG will also use phone calendar for reminder.

All items that were fixed are attached to this CAP

PCG's Signature: *Corazon A. Cabantangan*

Date: 11-1-21

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: CORAZON A. CABANTANGAN
(PLEASE PRINT)

CCFFH Address: 911 WINANT ST. HONOLULU, HI 96817
(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?
3P) (a)(1)	Made an updated evacuation plan and filed in binder.	10/19/21	To prevent future mistake, Home will make sure that evacuation plan will update as soon as there is changes on client room setting. ■ CG will make a list of things to be done and stick in front of the binder or use use smart phone calendar for reminder.
49(a) (b)	Unblocked hallway leading to the fire exit door	10/14/21	To prevent this mistake again, ■ CG will always check that fire exit

All items that were fixed are attached to this CAP

PCG's Signature: *Corazon A. Cabantangan*

Date: 11-1-21

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: CORAZON A. CABANTANGAN
(PLEASE PRINT)

CCFFH Address: 911 WINANT ST. HONOLULU, HI 96817
(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?
49.(a) (6) CORAZON			door is clear and no obstruction. ■ Cb will make a note and a schedule to check fire exit door and attach in front of the binder or ■ Cb use a smart phone calendar for reminder.

All items that were fixed are attached to this CAP

PCG's Signature: *Corazon*

Date: 11-1-21

CTA has reviewed all corrected items