

Foster Family Home - Deficiency Report

Provider ID: 1-200062

Home Name: Janice Cadiente, RN

Review ID: 1-200062-3

1031 Gulick Avenue

Reviewer: Julie Hastings

Honolulu HI 96819

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 2 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 Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)

CG#3 eCrim lapsed. Was done 4/18/19. Was due on or before 4/18/21. Was not done until 8/23/21.

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

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

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)(7)

CG#3 TB lapsed Was last done 7/29/19. no 2020 or 2021 in binder.

41.(e)

CG#4 does not have Caregiver approval form in binder.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(2) Be based on care directions from the client to the maximum extent possible, with monitoring by the case management agency when the client is not capable of providing care directions;

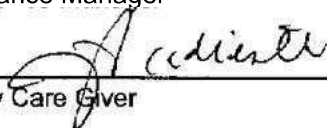
Comment:



Compliance Manager

10/11/2021

Date



Primary Care Giver

10/11/2021

Date

CTA RN Compliance Manager: Terri Van Houten, RN

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

PCG's Name on CCFFH Certificate: Janice Cadiente

(PLEASE PRINT)

CCFFH Address: 1031 Gulick Ave. 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) | Lapse cannot be corrected. | 10/12/21 | Home will use a memo note to put all due dates on(place on the wall board). Background checks will be done 3 weeks before due date to prevent future lapse. |
| 41.(b)(7) | Lapsed cannot be corrected. ■CG #3 Scheduled appointment on 10/15/21 to obtain yearly TB Clearance. | 10/14/21 | Home will use a memo note to put due dates on. Inform ■CG to provide a copy of yearly TB clearance when available and ■CG1 will keep old documents on the binder. Will inform other all ■CG when an item is due 3 weeks before its due date. |
| 41.(e) | ■CG Approval form for ■CG#4 and other required documents were faxed to CTA on 10/15/21. | 10/14/21 | Home will make sure every individual caregivers to have a proper/complete documentation into the home binder. |

All items that were fixed are attached to this CAP

PCG's Signature: *Janice Cadiente*

Date: 10/14/21

CTA has reviewed all corrected items