

Foster Family Home - Deficiency Report

Provider ID: 1-190074

Home Name: Maricel L. Cristobal, CNA

Review ID: 1-190074-6

1736 Kino Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 9/16/2021

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.

Home inspection completed for a 3 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to [REDACTED] by 10/16/2021.

***CCFFH requesting to increase to 3 clients ***

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)

Only one set of Fingerprint for CG#1

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.(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.


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

Comment:

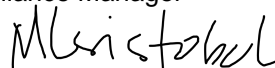
41.(c)
no training in 2020 for CG#2, #3, and #4

41.(e)
CG#2 only approved for 2 clients
CG#3 needs new approval form
CG#4 needs new approval form
CG#5 only approved for 2 clients

41.(f)(1)
HHM#2 and HHM#3 have no TB clearance form or declination form



Compliance Manager



Primary Care Giver

9/16/2021

Date

9/16/2021

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: Maricel L. Cristobal
(PLEASE PRINT)

CCFFH Address: 1736 Kino St. 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?
2.(a)(1)	I received the copy of my 2021 finger print (CG 1) and put in my CCFFH binder.	9/27/21	I will put all the expiration date in a calendar to prevent from expiring.
41.(c)	I received the copy of in-service training from CG # 2, #3. CG # 4 was removed as SCG on 9/20/21.	9/20/21	I will keep a account in-service training every year.
41.(c)	I received a copy of job experience form from all SCG and 3 client certificate approval from CTA and posted in my CCFFH binder. SCG # 4 was removed ^{as SCG} and I will apply SCG # 5 for 3 bed after 10/27/21.	10/4/21	I will make sure that all SCG met all the requirements
41.(d)	Destination form was put in my CCFFH binder for HHHB 2 # # M # 3.	9/20/21	I will make sure to update any changes.

All items that were fixed are attached to this CAP

PCG's Signature: Maricel Cristobal

Date: 10.5.2021

CTA has reviewed all corrected items