

Foster Family Home - Deficiency Report

Provider ID: 1-100041

Home Name: Rowena Sabio, CNA

Review ID: 1-100041-9

94-815 Kaaka Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/15/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2 bed certification.

Maribel Nakamine, R 10/15/2021

Compliance Manager

Date

Rowena M. Sabio

10/15/2021

Primary Care Giver

Date

COMMUNITY TIES OF AMERICA
Provider Inspection Guide

94-815 Kaaka Street, Waiipahu, HI 96797

Date of Today's Visit: 10/16/21 Arrival: 1:30pm Departure: 3:30pm		PCG Provider No: 1-100041						
Date of Last Visit:	Name and Credentials of CG (41.a.2) or (3P Staff)	CG#1	CG#2	CG#3	CG#4	CG#5		
PCG 21, SCG 18 years old (41.b.1) 3 Client All Caregivers are 21 (3P Staff)		Rowena Sabio, CAN 10/12/1962	Donalza Asuncion, CNA 3/9/1961	Rogelio Sabio, CNA2 7/16/1957	Ann Belia Alcantara 3/28/1960	Rachel Sabio, NAA2 10/8/1995		
Date added to home as a SCG			10/16/2012	4/20/2010	6/2/2009	10/2/2019		
Liability Insurance (51.a.1)		Y	Y	Y	Y	Y		
Fingerprinting (9.a.1) Only 1 set needed before 11/1/08		Y	Y	Y	Y	Y		
APSI/CAN checks (8.a.2)		Y	Y	Y	Y	Y		
State Name Check (9.a.1)		Y	Y	Y	Y	Y		
Confidentiality/ Privacy Rights Training (18.b.5)			Y	Y	Y	Y		
PCG Home Resident (41.a.1)/SCG HHM Y/N - make sure it is listed in ODIE if HHM		Y OWN	N	Y	N	Y		
PCG in home exp. (41.a.3) SCG exp if 3 person home (3P Staff)		Y	Y	Y	Y	Y		
Disclosure Form (41.b.4)		Y	Y	Y	Y	Y		
Driver's License w/ current Auto Ins (100 B/30 PD) Or Alt. Trans. Plan (41.b.5) or (51)		Y	Y	Y	Y	Y		
TB - PPD/CXR Exam (41.b.7) renewal 12-18 months		Y	Y	Y	Y	Y		
CPR (41.b.8)		Y	Y	Y	Y	Y		
First Aid (41.b.8)		Y	Y	Y	Y	Y		
BBP/Infection Control (41.b.9)		Y	Y	Y	Y	Y		
PCG 12 & SCG 8 hrs of Annual Training (41.c) 3 Client - all CG 12 hrs in 12 mos. or 24 hrs in 24 mos.		Y	Y	Y	Y	Y		
CTA SCG Approval Form (41.e)			Y	Y	Y	Y		
Fire Drills (46) or (3P Fire) (only when clients in home)		Y						
Smoking Policy (49.e)		Y						
Emerg. Preparedness Plan (50.a)		Y						
CCFHH Fiscal Records (monthly budget, tax returns or bank statements) (52)		Y						
Visiting Hours - 24/7 Restrictions must be listed in S/P (53.b.15)		Y					3 CLIENTS: Y	
							Substitute Driver D-.....	

Resource List (54.a.3) Can access online	Y	3 Client-Sign Out (3P Staff)	Requirements (41.b.5.C)Y	Confidentiality Training (16.b.5)
ADULT HOUSEHOLD MEMBER'S NAME:				
HHM#1 CG#3 (spouse)				
HHM#2 CG#5 (daughter)				
HHM#3				
HHM#4				
HHM#5				
HHM#6				

What changes do you report to CTA

What kinds of situations require you to do an adverse event report

How many weeks notice and to whom to do you give notice to discharge a client

What happens if a home cannot be found even though you gave a notice

Can you refuse to get a client from an ER or hospital that has been your client when they are ready for discharge

Where do you keep your records

Confirm that there are no verbal or written contracts for exclusively with CMAs

All of your HHM's and SCG's know to let CTA/DHS/SAPS in immediately when they come

What happens to the client record when discharged

Client #1 Alita Garbin

CMA#1 Residential Choices, Inc.

Client #2 Janet Matsumoto

CMA#2 Residential Choices, Inc.

Client #3

CMA#3