

Foster Family Home - Deficiency Report

Provider ID: 1-170099

Home Name: Daisy Cablayan, CNA

Review ID: 1-170099-7

1458 Bernice Street

Reviewer: Julie Hastings

Honolulu

HI 96817

Begin Date: 12/3/2021

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 annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 30 days.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)
CG#1 APS/CAN lapsed 9/9/19-10/13/21
CG#2 APS/CAN lapsed 9/10/19-10/13/21
CG#4 APS/CAN lapsed 9/9/19-10/13/21
CG#4 APS/CAN lapsed 3/9/19-10/13/21

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)
HHM#5 minor TB lapsed last 2019
HHM#6 minor TB lapsed last 2017
HHM#7 and HHM#8 minors do not have TB clearance or declination forms



Compliance Manager

12/03/21

Date



Primary Care Giver

12/16/21

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: Daisy Cablayan
(PLEASE PRINT)

CCFFH Address: 1458 BERNICE ST HON 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?
8(9)(2)	CG#1 } CG#2 } lapse cannot CG#3 } be corrected CG#4 }	10/13/21	Home will use a wall calendar to put all due dates on. Background checks will be done at least a week before due date to prevent future lapses

All items that were fixed are attached to this CAP

PCG's Signature: *Daisy Cablayan*

Date: 12/16/21

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: DALSY CABLAYAN
(PLEASE PRINT)

CCFFH Address: 1458 BERNICE ST HON 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?
41.4(1)	<p>> 2021 TB clearance was obtained for minors HHM# 5 & HHM# 6. It was placed into home record</p> <p>> certification letter of contact house in 24 hour period is made for HHM# 7 & HHM# 8 who are both minors (lived upstairs)</p>	12/14/21 12/16/21	Home will use a wall calendar to put all due dates on & obtain clearances a week before due date to prevent future lapses

All items that were fixed are attached to this CAP

PCG's Signature: *D. Cablayan*

Date: 12/16/21

CTA has reviewed all corrected items