

Foster Family Home - Deficiency Report

Provider ID: 1-210004

Home Name: Diana Rose Ballares, CNA

Review ID: 1-210004-3

94-881 Kuhaulua Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 11/16/2021

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 2 person CCFFH recertification
Deficiency Report issued during home inspection with all approved written corrections due to CTA within 30 days.

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)
HHM#4, #5, #6 have not signed Privacy/Confidentiality Agreement

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

Comment:

41.(b)(4)
CG#3 does not have a disclosure form

41.(f)(1)
HHM#2 does not have TB clearance or declination form.

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)
CG#3 not delegated for Client #1

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Foster Family Home

Fire Safety

[11-800-46]

46.(a)

The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)

No Fire Drills documented since opening the CCFFH 2/22/2021.



Compliance Manager



Primary Care Giver

12/2/2021

Date

12/28/2021

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: Diana Rose Ballares
(PLEASE PRINT)

CCFFH Address: 94-881 Kuhaulua St., Waipahu, Hawaii, 96797, USA
(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)	Lapse cannot be corrected. Explained to my HHM's about confidentiality policies, procedures and client privacy rights. Agreement form was signed.	11/20/21	Provided training about Privacy/Confidentiality Agreement. Home will use a reminder wall post and double check binder/ records.
41(b)(4)	CG #3 Corrective Action was fixed. Disclosure form was signed.	11/17/21	Home will use a reminder wall post and double check binder/ records.
41(f)(1)	HHM #2 TB clearance was obtained. It was placed into home record.	12/24/21	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. Remind also all my Caregivers to set a reminder on their phone when an item is due . (2 weeks before its due)
43(C)(3)	Corrective Action was fixed. CG#3 delegated for Client #1	11/17/21	Home will use a reminder wall post and double check the binder/ records.
46(a)	Fire Drill done. HHM's and Caregivers emphasized about participating Fire Drill.	11/20/21	CG will remind all my CG's and HHM's Fire Safety. Home will use a wall calendar to put a sheduled fire drills.

All items that were fixed are attached to this CAP

PCG's Signature: Diana Rose P. Ballares 

Date: 12/28/2021

CTA has reviewed all corrected items