

Foster Family Home - Deficiency Report

Provider ID: 1-513003

Home Name: Cherry Quibol, CNA

Review ID: 1-513003-10

94-1481 Hiapo Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 5/23/2022

Foster Family Home Required Certificate [11-800-6]

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) outdoor living spaces are cluttered in an unsafe manner

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) Repeat violation: The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

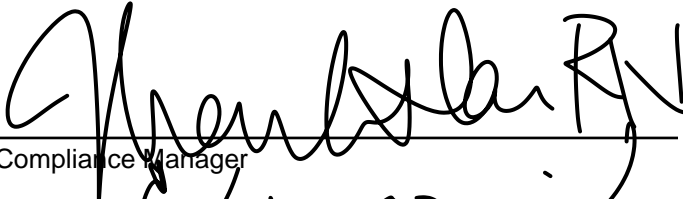
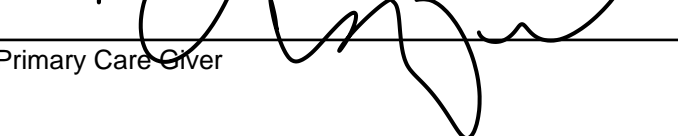
Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) Service plan for clients [redacted] and [redacted] have discrepancies between the written service plan, the MD order, and the actual CCFFH practice. Client [redacted] and [redacted] service plans are expired.

54.(c)(2) Client # [redacted] has [redacted] [redacted] that don't work. [redacted] is alert and oriented and expresses frustration of having no means of communication She is not scheduled to see specialist until July


Compliance Manager

Primary Care Giver

5/24/22
Date
5/24/22
Date

CTA RN Compliance Manager: JACKIE CHAMBERLAIN

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: CHERRY QUIBOL, CNA

(PLEASE PRINT)

CCFFH Address: 94-1481 HIAPO STREET, WAIPAHU, HI 96797

(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?
49.(c)(3)	CG#1 had the Outdoor living areas cleaned and clutter was removed to ensure a safe environment	05/24/22	CG's shall ensure daily cleaning after each use of outdoor living spaces to ensure a clutter free living environment
50(e)	CG#1 had installed a Call Bell and a sign that indicates instructions to push button to the entry door for the property.	05/24/22	CG#1 has installed the Call Bell when pushed buzz loud enough to be heard through out the living area to notify CG's that visitors are at the entry
54.(c)(2)	CG#1 received from RNCM both client's Service Plan and updated to the client's binder. CG#1 reminded RN that it is important to have the current service plan in the chart as tall times.	05/24/22	CG#1 will use the calendar system to document all expiration dates. CG will communicate and remind the CMA RN CM when documents are due to expired 30 days prior to expiration date
54.(c)(2)	CG#1 as outlined in the client's service plan, speaks loud enough and for reenforcement uses a dry erase board in which client is able to read & understand what is being asked	05/24/22	Due to Covid: [redacted] only did Virtual visits [redacted] - Scheduled for [redacted] removal [redacted] - [redacted] has scheduled maintenance for [redacted] [redacted]

All items that were corrected are attached to this POC

PCG's Signature: _____

Cherry Quibol

Date: _____

6/10/22

CTA has reviewed all corrected items