

Foster Family Home - Corrective Action Report

Provider ID: 2-180000

Home Name: Imelda Cabais, CNA

Review ID: 2-180000-4

20 East Kawaiiani Street

Reviewer: Lori O'Keefe

Hilo HI 96720

Begin Date: 1/7/2020

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

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

Comment:

Recertification inspection conducted for this 2 bed home. A request has been made to increase to 3 clients. Home and PCG meet requirements at this time and is eligible for increase to 3 bed home. A corrective action report was issued with a written plan of correction due to CTA by 2/7/2020.

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;

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

Comment:


8.a.1, 8.a.2 - CG# [redacted] and HHM# [redacted] completed initial APS/CAN/Finger print clearance dated [redacted]. The second consecutive APS/CAN/FP was due by [redacted] but not done until [redacted] only for APS/CAN, it did not include fingerprints. There is a current eCrim on file.

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 - The home did not conduct any nighttime fire drills.


Compliance Manager


Primary Care Giver

1/7/2020
Date

1/7/2020
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: IMELDA TAMAYO CABAIS

CCFFH Address: 20 EAST KAWAILANI STREET HILO, HI 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8 a.1	CG ■ Fingerprint appointment Finger Result Received	1/8/20 1/20/20	Moving forward, I I will follow the rules regulations and I will make sure to renew 3-4 weeks prior from the experiation date.
8. a.2	HHM# ■ Fingerprint appointment Fingerprint result received	1/10/20 2/13/20	
46.a	Night time fire drills	1/10/20	I conducted firedrill at 5:45pm Moving forward, I will make sure to do Fire drills and must be conducted once month one of the following time. MORNING 6:00am -12:00am AFTERNOON 12:01pm - 5:00pm EVENING 5:01PM-9:00pm

Primary Caregiver's Signature: _____

Print Name: Imelda Tamayo Cabais Date of Signature: 2/13/20

Documents reviewed - S. Okuferrn