

# Foster Family Home - Deficiency Report

Provider ID: 1-170033

Home Name: Rowena Cabello, CNA

Review ID: 1-170033-9

91-1063 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 5/10/2022

## 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 3 bed re-certification.

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

Voluntary decrease to 2 bed CCFFH

## Foster Family Home

## Information Confidentiality

[11-800-16]

16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4) There were [REDACTED] in Client # [REDACTED] bedroom. There were no consent forms for use of [REDACTED] equipment. Use of [REDACTED] is a violation of client privacy without written consent.

## Foster Family Home

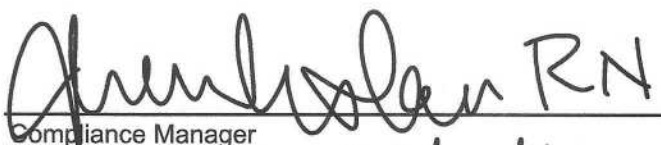
## Personnel and Staffing

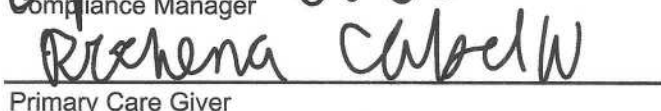
[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) No current CPR / First Aide for CG [REDACTED]

 RN  
Compliance Manager

  
Primary Care Giver

5/10/22  
Date  
5/10/22  
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: Rowena Cabello

(PLEASE PRINT)

CCFFH Address: 91-1063 Kauiki Street, Ewa Beach HI 96706

(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?
6.(d)(1)	CG #1 Fax an application to decreased from 3 bed to 2 bed effective today.	6/8/22	CG #1 Due to ongoing issues with finding CGs I would like to request for my three-beds to be decrease to two-beds. This would be a help for me and would resolve any issues that I have.
<del>41.(b)(4)</del> Ty 16.(b)(4)	Client [REDACTED] Written consent for installation of [REDACTED] for safety purposes obtained from Client # [REDACTED] daughter/POA Completed and filled in the client's binder.	5/14/22	CG #1 will obtain written consent from Client or Client's POA/legal representative prior to installing [REDACTED] used only for safety purposes.
41.(b)(8)	CG [REDACTED] CPR/First Aid completed in filled in the personnel binder	5/22/22	Home has a special folder reminder to track all requirements before due date.

☒ All items that were corrected are attached to this POC

PCG's Signature

Rowena Cabello

Date: 6/8/2022

☒ CTA has reviewed all corrected items