

Foster Family Home - Deficiency Report

Provider ID: 1-210076

Home Name: Jovelyn Cabradilla, NA

Review ID: 1-210076-3

94-233 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 8/12/2022

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/12/22.

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),(2)- CG#6's APS/CAN/Fingerprinting lapsed on 4/5/22 and was done on 7/13/22.

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

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2, CG#3, CG#4, and CG#6 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(8) Personal inventory.

Comment:

54.(b)- No signature of caregiver/caregivers after each dated entries in Client #1's progress/observation notes/documentations.

54.(c)(8)- No Personal Inventory checklist completed for Client #1.

Maribel Nakamine, W 8/12/22
Compliance Manager
J. Cabradilla
Primary Care Giver
Date 8/12/22
Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Jovelyn Cabradilla

(PLEASE PRINT)

CCFFH Address: 94-233 Kahuanani St. 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?
8.(a)(1) (2)	There is no correction for lapsed APS/CAN/Fingerprint. CG#1 obtained new APS/CAN/Fingerprint for CG#6. Document was filed in CCFFH binder.	8/13/2022	CG#1 will utilize an iPhone calendar reminder to schedule due dates 2 months in advance to prevent future lapses.
50.(a)	CG#1 provided a training to CG#2, CG#3, CG#4 and CG#6 regarding emergency management policy and procedures for emergency situations. Signed Emergency Preparedness Plan was filed in CCFFH binder.	8/15/2022	CG#1 will make sure that in the future, Caregivers will do all the trainings and will sign documents.
54.(b)	CG#1 signed progress/observation notes/documents after each dated entries.	8/13/2022	In the future, CG#1 will make sure that all progress/observation notes/documents will be signed on a timely manner.
54.(c)(8)	CG#1 finished the inventory for Client#1 belongings. Document was filed in the client's binder.	8/13/2022	CG#1 will make sure to do Clients belongings inventory upon admission.

☒ All items that were corrected are attached to this POC
PCG's Signature: Date: 08/15/2022
☒ CTA has reviewed all corrected items