

Foster Family Home - Deficiency Report

Provider ID: 1-560707

Home Name: Merl Cabradilla, NA

Review ID: 1-560707-12

92-330 Akaula Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 10/27/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1. Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 11/27/2022. (30 days from the date the CCFFH is given their deficiency report).

Foster Family Home	Background Checks	[11-800-8]
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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. And 8.a.2. CG#1, #2, #3 and HHM # 1, 2, 3, 4, 5 did not meet the 2 sets of APS, CAN, Fingerprints within a 12 month periods.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

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

Comment:

41.b.7. CG#1 have expired TB testing on 4/8/22. CG#2 (HHM#5) lapsed on TB testing, old expired 9/3/2021 and renewed on 10/24/2022.

41.b.8. CG#2 have expired CPR, AED, First Aid on 8/31/2022. No new present. All CGs have expired BBP on 1/16/2022.

41.f.1. HHM#2 TB expired on 3/22/2022. HHM #4 TB expired on 1/19/2021. No new present. HHM#3 TB lapsed, old expired 12/8/21 and renewed on 10/13/2022.

Foster Family Home	Client Care and Services	[11-800-43]
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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 RN delegation for Client #1 were not signed by the SCG.

Foster Family Home - Deficiency Report

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.a and 46.b.2. Least fire drill was conducted on 11/20/2020. No new present.

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;

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.c.2. Service plan for Client #1 was on signed by the Client/POA for March 2022 and September 2022.

54.c.5. MAR for both clients were not initialed since 10/1/2022.

54.c.6. Daily checklist were missing initials.

Compliance Manager

Primary Care Giver

Date

Date

10/27/22

10/27/22

10/27/2022 11:56:21 AM

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

PCG's Name on CCFFH Certificate: MERL P. CABRADILLA

(PLEASE PRINT)

CCFFH Address: 92-330 AKAULA ST., KAPOLEI, HI 96707

(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 8.a.2	Finger printing acquired	11/02/22	Home will post on a calendar or cellphone calendar all due dates 2 weeks before expiration to prevent future lapses.
41.b.7	TB clearance obtained for CG#1, CG#2 & HHM#5. It placed into home binder.	10/29/22	CG must use calendar for reminder to all requirements when is due and preventing expiring at least 2 weeks before due.
41.b.8	CG#2 CPR, First Aid, AED acquired and placed to home binder BBP acquired for all CGs	09/14/22	All new CPR, AED & First Aid cards copy must replaced all expired to make sure all requirements consistent.
41.f.1.	TB Clearance for HHM#2 TB Clearance for HHM#4	11/01/22 10/29/22	Home will use a excell or spredssheet on computer or cellphone calendar for reminder which requirements need to be done and inform HHM 2 weeks before expiring.
43.c.3	RN deligation for client #1 were signed by CG and placed to Home Binder	10/28/22	Home will always signed the RN deligation upon admission to make sure care givers understand all task and responsibilities with client.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 12/06/2022☒ CTA has reviewed all corrected items

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

PCG's Name on CCFFH Certificate: MERL P. CABRADILLA

(PLEASE PRINT)

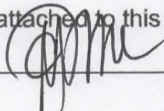
CCFFH Address: 92-330 AKAULA ST., KAPOLEI, HI 96707

(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?
46.a & 46.b.2	Fire drill with caregivers and HHM conducted and perform. Fire drill form placed in the Home Binder	10/28/22	All Fire drill form that was filled after the conducting fire drill must place in the Home binder to make sure that all CG's and HHM aware in case of emergency.
54.c.2	Client #1 service plan for October signed by POA and placed to Client Binder	10/28/22	██████ Home will notify CM that client service plan need to signed by client/POA before sending to ██████ PCG to make sure that the implementation of services is in order.
54.c.5	Both Client's MAR initiated for October 2022	10/27/22	Caregivers must initiate and initials the daily medlog to make sure that medication and instruction given on time and what medication was given. to prevent confusion for other caregivers.
54.c.6	Daily checklist signed by all caregivers	10/27/22	All caregivers must initials all activity daily log to know what task was done and not able to do by the client.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 12/06/2022☒ CTA has reviewed all corrected items