

COMMUNITY TIES OF AMERICA
RECERTIFICATION Provider Inspection Guide

Today's Date: 2/23/24	PCG Provider No: 1-180067	CCFFH Address: 1620 Piikea Street, Honolulu 96818			Arrival Time: 1315		Departure Time: 1440	
Date of Last Inspection: 3/21/23(new)	Name and Credentials of CG (41.a.2) or (3P Staff)	CG#1	CG#2	CG#3	CG#4	CG#5	CG#6	CG#7
		Camilo Decastro, CNA2	Mary Ellayn Ortal, NA2 2/27/1994	Nette Decastro, RN2 12/15/1974	Jaycarl Decastro, NA2 1/24/1998	Janelle Maureen D. deGuzman <3 1/28/1991	Siony Cherry, NA2 4/16/1981	Meriam Agpalza, NA2 5/13/1971
PCG 21, SCG 18 years old (41.b.1) 3 Client All Caregivers are 21 (3P Staff)		Y	removed	Y	Y	REMOVED	Y	Y
Date added to home as a SCG							3/21/2023	3/21/2023
Liability Insurance (51.a.1)		Y		Y	Y		Y	Y
Fingerprinting (8.a.1) Only 1 set if before 11/1/08		Y		Y	Y		Y	Y
APS/CAN checks (8.a.2)		Y		Y	Y		Y	Y
State Name Check (8.a.1)		Y		Y	Y		Y	Y
Confidentiality/ Privacy Rights Training (16.b.5)		Y		Y	Y		Y	Y
PCG Home Resident (41.a.1)/ SCG HHM Y/N - Enter in ODIE if HHM		Y		Y	N/A		N/A	N/A
PCG in home exp. (41.a.3) SCG exp if 3 person home (3P Staff)		Y		N/A	N/A		N/A	N/A
Disclosure Form (41.b.4)		Y		Y	Y		Y	Y
Driver's License w/ current Auto Ins (100 BI/30 PD) Or Alt. Trans. Plan (41.b.5) or (51)		Y		Y	Y		Y	Y
TB - PPD/CXR Exam (41.b.7)		Y		Y	Y		Y	Y
CPR (41.b.8)		Y		Y	Y		Y	Y
First Aid (41.b.8)		Y		Y	Y		Y	Y
BBP/Infection Control (41.b.8)		Y		Y	Y		Y	Y
PCG 12 & SCG 8 hrs Ann. Train. (41.c) 3 Client-all CG 12 hrs/12 mos. or 24 hrs/24 mos.		Y		Y	Y		Y	Y
CTA SCG Approval Form (41.e)				Y	Y		Y	Y
Fire Drills (46) or (3P Fire) (only when clients are in home)		NO CLIENTS		N/A	N/A		N/A	N/A
Smoking Policy (49.e)		Y						
Emerg. Preparedness Plan (50.a)		Y						
Fiscal Records (monthly budget, tax returns or bank statements) (52)		Y						
Visiting Hours - 24/7 Restrictions must be listed in S/P (53.b.15)		Y	3 CLIENTS:		Substitute Driver Requirements (41.b.5.C)			
Resource List (54.a.3) Can access online		Y	3 Client-Sign Out (3	N/A				

ADULT HOUSEHOLD MEMBER'S NAME:	TB Clearance (41.f.1)	Fingerprinting (8.a.1)	APS/CAN Check (8.a.2)	State Printout (8.a.1)	Confidentiality Training (16.b.5)
HHM#1: Nette Decastro	CG#3	CG#3	CG#3	CG#3	CG#3
HHM#2:					
HHM#3:					
HHM#4:					
HHM#5:					
HHM#6:					

What changes do you report to CTA

What kinds of situations require you to do an adverse event report

How many weeks notice and to whom to do you give notice to discharge a client

What happens if a home cannot be found even though you gave a notice

Can you refuse to get a client from an ER or hospital that has been your client when they are ready for discharge

Where do you keep your records

Confirm that there are no verbal or written contracts for exclusivity with CMAs

All of your HHM's and SCG's know to let CTA/DHS/APS in immediately when they come

What happens to the client record when discharged

Client #1: NONE CMA: _____
Client #2: CMA: _____
Client #3: CMA: _____

Foster Family Home - Deficiency Report

Provider ID: 1-180067

Home Name: Camilo Decastro, CNA

Review ID: 1-180067-4

1620 Piikea Street

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 2/23/2024

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 2/23/2024)

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2): No grab bars within reach of toilet in clients' bathroom.

Foster Family Home Records [11-800-54]

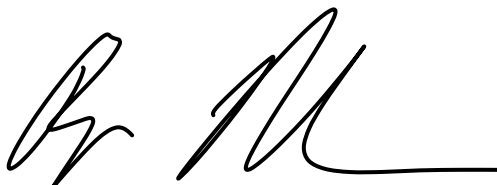
54.(a) Each home shall maintain an administrative notebook including but not limited to


54.(a)(1) Emergency procedures and an evacuation map;

Comment:

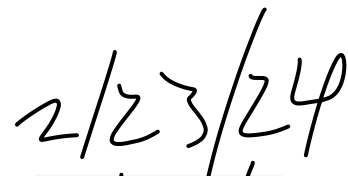
54.(a): Administrative binder not located at home of CCFFH during inspection. CTA able to review documents after substitute caregiver brought documents to home.

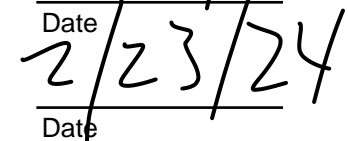
54.(a)(1): No evacuation map of home provided by CCFFH.



Compliance Manager


Primary Care Giver



Date


Date

