

Foster Family Home - Deficiency Report

Provider ID: 1-100066

Home Name: Charity Sabangan, NA

Review ID: 1-100066-14

94-1124 Kahuanui Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 4/12/2024

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 visit made for a 2-bed recertification inspection.

Deficiency Report emailed to CCFH on 4/17/2024 and written plan of correction due to CTA within 30 days.

6.d.1- Client #1 without an 1147 in chart/records.

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)- HHM#6's APS/CAN/Fingerprint result lapsed on 6/23/23 and no current result present. HHM#7 without any result of APS/CAN/Fingerprint. HHM#8's APS/CAN/Fingerprint result lapsed on 6/23/23 and no current result present.

Foster Family Home Personnel and Staffing [11-800-41]

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.

Comment:

41.(b)(7)- CG#1 and CG#4's TB clearances lapsed on 6/11/23 and CG#2's lapsed on 5/9/23. All were without current TB results present.

41.(b)(8)- CG#1's CPR/First Aid certification lapsed on 8/7/23; CG#2's lapsed on 9/12/22; CG#3's lapsed on 9/12/23 and CG#4's lapsed on 5/3/23. All were without current certifications present.



41.(b)(8)- CG#1 and CG#4's bloodborne pathogen and infection control training lapsed on 9/9/23; CG#2 without any document of training; and CG#3's lapsed on 1/6/24. All were without current documents 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;

Comment:

54.(c)(2)- Client #1's Service Plan dated 2/12/24 without the client/POA's signature.


Compliance Manager

Primary Care Giver



4/17/24
Date
4/17/24
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: Charity Sabangan
(PLEASE PRINT)

CCFFH Address: 94-1124 Kahuanui 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?
54.(c)(2)	I contacted POA to verify email address. I then sent the document that was to be signed and went over any changes.	5/8/2024	There was a minor error in the email address I had for POA but now that it's corrected sending documents in the future should be no problem.
41.(b)(7) 41.(b)(8)	I received current certifications and clearances for all.	5/1/2024	  will also be more diligent at checking over my personal books periodically.
8.(a)(1) 8.(a)(2)	Background checks have been scheduled and are awaiting results.	5/1/2024	My family has agreed to try harder in completing checks for me in a timely manner.
6.d.1	I contacted my case management agency and they faxed over missing chart documents.	5/21/2024	I wasn't aware that it was missing but I will check with my visiting RN from now on to make sure all documents are updated in the charts.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 05/21/2024

CTA has reviewed all corrected items