

Foster Family Home - Deficiency Report

Provider ID: 1-220067

Home Name: Sheryl Sabillo, CNA

Review ID: 1-220067-6

91-561 Papiapi Road

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 6/17/2024

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 6/17/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.a.2. CG#3, CG#4, and CG#5 are not approved to work in a 3 beds approved CCFFH.

41(a)(3) No job experience form present for CG#2 and CG#4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3 and CG#4. CG#3 TB clearance expired 7/26/2023, no new on file. CG#4 TB clearance expired 12/2/2023, no new on file.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH.

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Foster Family Home


Insurance Requirements

[11-800-51]

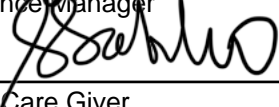
51.(a)(1) General;

Comment:

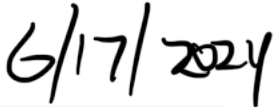
51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG#2 and CG#5 are not included on the policy.



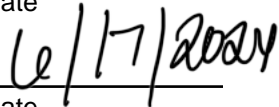
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Terri Van Houten RN.

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

PCG's Name on CCFFH Certificate: Sheryl Sabillo

(PLEASE PRINT)


CCFFH Address: 91-561 Papipi Road Ewa Beach H.I 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?
41.(a)(2)	CG#5 Waiting for approval from [redacted] CG#3 Waiting for result in fieldprint. then gonna fax to [redacted] to approve. CG#4 gonna remove. coz not gonna be approve to 3 bed setting.	6/28/2024	PCG will always make sure all needed document are up to date and listed on the calendar for future renewal. reminder. CG#3 and CG#4 obtain work experience letter for 3 bed setting.
41.(a)(3)	Obtain it put on the substitute binder.	6/17/2024	CG#2 and CG#4 obtained work experience. PCG will always check if SCG's are qualified to work for 3 bed setting.
41.(b)(7)	Gather the TB clearance for CG#3, CG#4. obtain it and put on the substitute binder.	6/20/2024	PCG will make sure all annual TB test are to be done on time to avoid future deficiency. PCG will put reminder on the calendar to notified all SCG to acquired TB test screening 2 weeks prior to due date.
(3p)(b)(2)	Obtain it, make copy put on the clean white binder. write a name for it.	6/17/2024	Put the binder on the counter or in the place that u can always see. and not forget to sign every time the pcg gonna go out.
51.(a)(1)	Obtain it Gather include the CG#2 and CG#5. to the liability insurance.	6/24/2024	PCG will make sure if have new SCG gonna notified the liability insurance. to avoid future deficiency.

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: July 1 2024

CTA has reviewed all corrected items