

Foster Family Home - Deficiency Report

Provider ID: 1-240060

Home Name: Jubilee Andres, CNA

Review ID: 1-240060-1

92-719 Nohona Street

Reviewer: David Ayling

Kapolei

HI 96707

Begin Date: 8/23/2024

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/23/24.

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) - No 1st year APS/CAN and fingerprint for CG #2, HHM's #2, #3, #4, and #5.

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


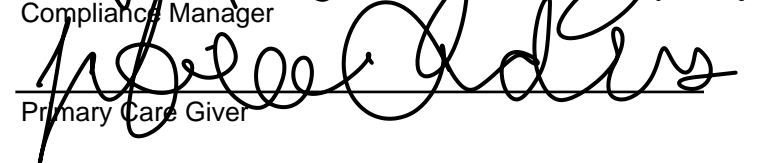
41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

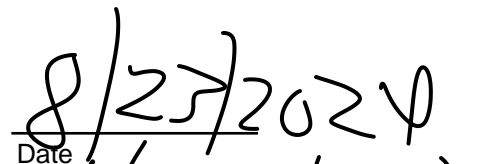

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(5) - No proof of current Auto Insurance for CG #1.

41.(b)(8) - No current Blood Borne Pathogen certification for CG #2. Expired on 5/12/2024.


Compliance Manager

Primary Care Giver


Date

Date

CTA RN Compliance Manager: DAVID AYLING, RN

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

PCG's Name on CCFFH Certificate: JUBILEE T. ANDRES
(PLEASE PRINT)

CCFFH Address: 500 ALA MOANA BLYD SUITE 7400, HONOLULU, HI 96813
(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(9)(1) (2)	I received current APS / CAH and fingerprints from CG#2, HHM's #2, #3, #4, and #5. I put all the results in my CCFFH Binder	9/20/24	I put all the expiration dates for APS / CAH fingerprint, Blood Borne Pathogen and Auto insurance for all CG's and HHM's on my computer calendar. I set the reminder for 1 month prior for to expiration.
41.(b)(5)	I obtain my current auto insurance with correct coverage from my Auto Insurance Agent. I put in my CCFFH Binder		
41.(b)(8)	I received Blood Borne Pathogen Certification from CG#2		

All items that were corrected are attached to this POC

PCG's Signature: Jubilee T. Andres

Date: 9/20/24

CTA has reviewed all corrected items