

Foster Family Home - Deficiency Report

Provider ID: 1-561119

Home Name: Ophelia Pabalan, CNA

Review ID: 1-561119-19

94-441 A Kiau Place

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 11/8/2024

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.

Client #1 is missing Form 1147 in the file.

Deficiency Report issued during CCFFH inspection via email on 11/8/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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;

Comment:

8.a.1. CG #1, CG#2,and CG#3 are missing the Hawai'i Sex Offender report.

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

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

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

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, CG#2, and CG#3. All CGs requires 12 hours of in-service training, but had only 7 hours attended in 2023.

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

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

3P.a.4. CG#1, CG#2, and CG#3 are missing the CNA Prometric Registry Report.

Foster Family Home - Deficiency Report

Foster Family Home


Records

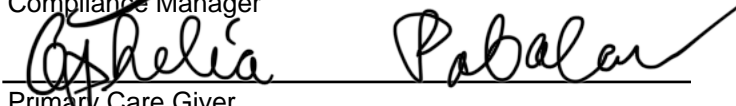
[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

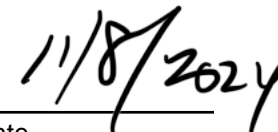
Comment:

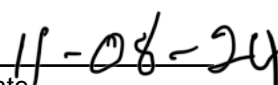
54(c)(2) No current service plan present for Client# 1. Missing from client file.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: Ophelia Pabalan, CNA
(PLEASE PRINT)

CCFFH Address: 94-441 A Kiau Place, 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?
6 (d) (1)	Form 1147 for Client #1 is already filed in the Client's binder/chart.	11/8/24	Home will use checklist notes and inform CMA for documents to be updated and/or be completed such as Form 1147 aand should be filed in the client's chart.
8(a)(1)	CG#1, CG#2, CG#3 Hawaii Sex Offender Report has been completed and filed in the personal chart binder.	11/26/24	Home will use a wall calendar to put all due dates on. Background checks and any criminal history record checks will be done at least 2 weeks before due date to prevent future lapse.
41 (a) (3)	Job experience form completed for CG#3.	11/25/24	Home will use a spreadsheet on laptop to identify all the requirements of a primary caregiver including substitute caregiver. Job experience report should be filed in the personal chart.
41 (c)	CG#1, CG#2, CG#3 have completed 12 hours of in-service training for calendar year 2023.	11/20/24	Home will use a notebook on iPhone to remind in-service trainings are required to all caregivers and should have 12 hours for all caregivers for a 3 bed client per year.

All items that were corrected are attached to this POC

PCG's Signature: Ophelia Pabalan

Date: 11/30/2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: Ophelia Pabalan, CNA
(PLEASE PRINT)

CCFFH Address: 94-441 A Kiau Place, 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?
(3p)(a) (4)	CG#1, CG#2, and CG#3's CNA Prometric Registry Report have been completed.	11/26/24	Home will use a notebook on iPhone to remind that CNA license verification report should be obtained from Prometric Registry for all CNA caregivers.
(54)(c) (2)	Service Plan for Client#1 has been obtained and filed to client chart.	11/8/24	Home will use checklist notes and inform CMA for documents to be updated and/or be completed such as service plans.

All items that were corrected are attached to this POC

PCG's Signature: Ophelia Pabalan

Date: 11/30/24

CTA has reviewed all corrected items