

# Foster Family Home - Corrective Action Report

Provider ID: 1-516255

Home Name: Estela Ventura, CNA

Review ID: 1-516255-11

99-433 Paihi Street

Reviewer: Julie Hastings

Aiea HI 96701

Begin Date: 1/13/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.

Home inspection completed for a 3 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 4/3/2021

11-800-42 Client Eligibility Requirements. (a) To be admitted to the community care foster family home, the individual shall:

- (1) Be certified by a physician as requiring nursing facility level of care.\*\*\*;
- (3) Have a physical examination by a physician within thirty days prior to admission or within seven days after admission;
- (4) Have a tuberculosis clearance issued within twelve months prior to admission
- (5) Be placed and provided ongoing case management services by a home and community-based case management agency;
- (b) Notwithstanding subsection (a) to the contrary, the department, in consultation with the department of human services, and in its discretion, and considering the past admission history and current client mix of the community care foster family home, may allow two private-pay individuals to be cared for in the same community care foster family home after considering the following relevant factors: (see 11-800-42 for all relevant factors)

Violation: The CCFFH or someone that resides in the CCFFH provided care and services including but not limited to personal care and homemaker services to someone they referred to as a renter. This person needs assistance with ADLs. After interviews with caregivers and the renter, CTA determined the tenant was being cared for as a client. The renter was unrelated to the CCFFH family. The renter is hereby considered a 4th client as well as a 2nd private pay client that was not authorized by the Department of Health. This renter will hereby be referred to as client #4 for the rest of this report.

CCFFH is certified for 3 clients. Client #4 met the definition of a client, therefore, CCFFH was providing care for 4 clients

Foster Family Home	Background Checks	[11-800-8]
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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) CG#1 e-Crim lapsed. last e-Crim on file was 10/25/2017

8.(a)(2)

CG#1, CG#2, CG#3 and CG#4 APS/CAN lapsed

CG#1 did on 10/26/17 and again on 2/17/20

CG#2 did on 10/26/17 and again on 2/14/20

CG#3 has 2020 APS/CAN but no record of her 2018 APS/CAN

CG#4 only has 12/26/18 APS/CAN and no 2020 APS/CAN

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## Foster Family Home Reporting Changes [11-800-12]

12.(1) That may pose a risk to the life, health, safety, or welfare of the client;

Comment:

12.(1)  
No approved CG in the home at the time of inspection and for approximately 22 minutes until CG#1 arrived to the CCFFH.

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

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(a)(4)  
41.(j)(2)  
No Approved CG in the CCFFH at the time of inspection for approximately 22 minutes until CG arrived to the CCFFH.

## Foster Family Home Client Care and Services [11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(b)  
CCFFH had 2 Medicaid and 2 private pay clients

## Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) No documentation or financial records for Client #4

## Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

50.(e)(2) Inspection of service sites;

Comment:

50.(e)  
50.(e)(1)  
50.(e)(2)

CCFFH, CG#1 was not cooperative with Inspection. CG#1 delayed and withheld access to documentation required for the inspection from this RN Inspector.



\_\_\_\_\_  
Compliance Manager

3/3/2021

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date