

# Foster Family Home - Corrective Action Report

Provider ID: 1-130048

Home Name: Imolda Vea, CNA

94-462 Alpine Street

Waipahu HI 96797

Review ID: 1-130048-9

Reviewer: Maribel Nakamina

Begin Date: 2/23/2021

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

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

Comment:

Recertification inspection for a 3 person CCFH completed.

Corrective Action Report issued during CCFH inspection with a written plan of correction due on 3/23/2021.

## 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)- CG#1, CG#2, and CG#3's Ecrims all lapsed on 8/22/2020 and all were renewed on 8/24/2020. CG#2 and CG#3's APS/CAN lapsed on 8/15/2020 and renewed on 9/2/2020.

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

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary in carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(6)- CCFH's garage with a built in kitchen which may or may not be properly permitted by Dept. of Planning & Permitting (DPP). Also noted that there was a dining table and chairs in the middle of the garage and 2 large sofas/couches.

41.(g)- No Basic Skills Checklist present for CG#4 in Client #1's chart.

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

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations present for CG#4 on [REDACTED] Client #1, Client #2, [REDACTED] Administration, and [REDACTED] use for CG#4. No RN delegation on [REDACTED] CG#1, CG#2, CG#3, and CG#4 on Client #3.

# Foster Family Home - Corrective Action Report

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- Back door emergency exit was obstructed with a mattress preventing a clear pathway in the event of an emergency/evacuation.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1's bedroom was noted to have a [REDACTED] No written authorization from client/POA present in client's chart.

Michael Dekamir, Jr 2/23/2021

Compliance Manager

Date

Donna A. Uch

2/23/2021

Primary Care Giver

Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Imelda Vea  
(PLEASE PRINT)

CCFFH Address: 94-462 Alapine Street, 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?
B.(a) (1),(2)	Lapse can not be corrected	2/25/21	Home will use more kinds of reminder tools, such as calendar posted on the refrigerator and in the office room. Home will also use a calendar on iphone to input all due dates to prevent any future lapses.
41.(b) (6)	CCFFH's garage built-in kitchen, dining table, chairs and 2 large sofas was already removed.	3/16/21	Home understands the need to comply with all the rules and regulations of the state, federal and country laws, ordinances, rules, regulations and regulatory requirements.
41.(g)	RN delegations on Basic Skills was done for CG#4 by client's #1 CMA. Form was placed into the client record.	3/15/21	Home understands that all caregivers should performed Basic Skills before or upon admission of a client.

All items that were fixed are attached to this CAP

PCG's Signature: Imelda A. Vea

Date: 3/18/21

CTA has reviewed all corrected items.

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Imelda Vea  
(PLEASE PRINT)

CCFFH Address: 94-462 Alapine Street, 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?
43.(c) (3)	RN delegation was done for CG#4 on [redacted] for Client #1. RN delegation also done for CG#4 on [redacted] Medications Administration and [redacted] for Client #2. RN delegation on [redacted] also done to CG#1, CG#2, CG#3 and CG#4 on Client #3.	3/15/21	Home will notify client's CMA that RN delegation needs to be done to all caregivers of the home before giving care to a new client.
49.(a) (4)	Mattress was already removed on back door emergency exit.	3/15/21	Home understands that all emergency exit pathways should be cleared for faster evacuation.
53.(b) (9)	Written authorization for the used of [redacted] was obtained from client #1 POA. Form was placed into client record.	3/16/21	Home understands that each client must be treated with understanding, respect and full consideration of client's dignity and individuality.

All items that were fixed are attached to this CAP

PCG's Signature: Imelda A. Vea

Date: 3/18/21

CTA has reviewed all corrected items