

Foster Family Home - Deficiency Report

Provider ID: 1-190087

Home Name: John Morick U. Tiu, CNA

Review ID: 1-190087-5

1052 Luehu Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 8/2/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/2/2021.

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)- HHM#5 and HHM#6 were without any results of APS/CAN/Fingerprinting in the CCFFH binder.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- HHM#3, HHM#4, HHM#5, and HHM#6 were without evidence of having had the CCFFH confidentiality policies and procedures and client privacy rights training.

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

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

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

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.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)- CG#2's TB clearance expired on 9/11/2020 and no current result present in the CCFFH binder.

41.(b)(8)- CG#2's Blood borne pathogen and infection control certification training expired on 9/13/2020.

41.(c)- No annual in service training present for CG#2 for the past 12 months.

41.(f)(1)- HHM#3's TB clearance lapsed on 9/10/2020; HHM#5 and HHM#6 were without any current TB clearances results present.

Foster Family Home - Deficiency Report

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- Last monthly fire drill conducted was on 11/15/2020; CG#2 had no evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(1),(2)- No non-slip surface present in clients' shower; No grab bars in shower and toilet.

Maribel Nakamine, RC

Compliance Manager



Primary Care Giver

8/2/2021

Date

8/2/2021

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: JOHN MORICK TIU

(PLEASE PRINT)

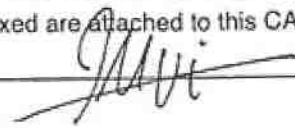
CCFFH Address: 1052 LUEHU ST PEARL CITY HI 96782

(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.(A) (1),(2)	HHM#5 and HHM#6 both obtained a current APS/CAN/Fingerprinting. Results were filed in CCFFH binder.	August 10, 2021	Foster home CG#1 will set a reminder in calendar both phone and wall calendar to identify requirements due to prevent from expiring.
16.(b) (5)	HHM #3, hhm #4, HHM#5, HHM #6 reviewed and signed CCFFH confidentiality policies and procedures and client privacy rights training.	August 4, 2021	HHM's will review CCFFH confidentiality policies and procedures and client privacy rights training on a timely manner CG#1 will use checklist.
41.(b) (7)	CG#2 TB clearance for year 2021 was obtained at [REDACTED]. It is placed on Foster home record binder.	August 11, 2021	Foster home CG#1 will set a reminder in calendar both phone and wall calendar to identify requirements due to prevent from expiring. CG#1 to inform CG #2 1 month before its due.
41.(b) (8)	CG #2 Blood borne pathogen and infection control certification training for year 2021 was obtained. It is placed on Foster home record.	August 12, 2021	Foster home CG#1 will set a reminder in calendar both phone and wall calendar to identify requirements due to prevent from expiring. CG #1 to inform CG #2 1 month before its due.

All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: 08/24/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

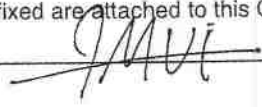
**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: JOHN MORICK TIU
(PLEASE PRINT)

CCFFH Address: 1052 LUEHU ST PEARL CITY HI 96782
(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.(c)	CG #2 Annual Inservice training for year 2021 was obtained. it is placed on Foster home record binder.	August 2, 2021	Foster home CG#1 will set a reminder in calendar both phone and wall calendar to identify requirements due to prevent from expiring. CG#1 infrom CG #2 1 month before its due.
41.(f) (1)	HHM #3, HHM #5 and HHM #6 TB clearance for year 2021 was obtained. it is placed on Foster home record binder.	HHM #3 - July 26, 2021 HHM #5 August 9, 2021 HHM #6 August 12, 2021	Foster home CG#1 will set a reminder in calendar both phone and wall calendar to identify requirements due to prevent from expiring. CG#1 infrom HHM #3, HHM #5, HHM #6 1 month before its due.
46.(a), (b)(2)	CG #2 Performed monthly fire drill for the month of August 2021 with other CG's and HHM's.	August 3, 2021	Foster Home CG#1 to set fire drill training plan every month together with other CG's to initiate and perfrom with all HHM's plan of evacuation.
49.(a) (1),(2)	Non-slip surface, grab bars and over the toilet commode are in place and installed.	August 11, 2021	Foster Home CG#1 ensure everyday safety for clients in toilet and in shower when in use to prevent injury and harm.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 08/24/21

CTA has reviewed all corrected items