

# Foster Family Home - Deficiency Report

Provider ID: 1-559148

Home Name: Josephine Pascua, CNA

Review ID: 1-559148-13

94-423 Hokuwala Street

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 8/25/2021

## 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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/25/2021.

## 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.(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 to 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)(7)- TB clearance lapsed for CG#3 on 11/20/2020 and no current TB clearance present.

41.(b)(8)- CG#2 and CG#3's blood borne pathogen and infection control training lapsed on 12/17/2020. No current certificates present for both.

CPR and basic first aid lapsed for CG#3 on 7/2020. No current certificate present.

41.(c)- CG#2 and CG#3 were both short of 4 hours of annual in services.

41.(g)- CG#2, CG#3, and CG#4 were without evidenced of having had the Basic Skills Checklist completed for Client #1.

## 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 completed for CG#2, CG#3, and CG#4 on Client #1. CG#4 also without the RN delegations completed on Client #2.

# 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.

Comment:

46.(a)- No monthly fire drills conducted for the following months: 2/2021, 3/2021, 6/2021 and 7/2021.

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3)- No [REDACTED] present in Client #1's bedroom as CG#1's bedroom location was too far from Client #1's room.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 and CG#3 without evidenced of having had the CCFFH's Emergency Preparedness Plan training.

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;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2)- Client #2's Service Plan expired on 6/2021.

54.(c)(6)- No Monthly RN Visit Summary present for Client #2 on the following months: 1/2021, 3/2021, 4/2021, 5/2021, 6/2021, and 7/2021.

Markel Malcombe, RN 8/25/2021

Compliance Manager

Date

Josephine Osora

Primary Care Giver

8/25/2021

Date

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

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

PCG's Name on CCFFH Certificate: JOSEPHINE PASCUA  
(PLEASE PRINT)

CCFFH Address: 94-423 HOKUALA ST MILILANI, HI. 96789  
(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.(b) (7)-	CG #3 obtained a current TB clearances result was filed in home binder.	9/15/21	Home will use a wall calendar to schedule due 2 months In advance.
41.(b) (8)-	CG#2 and CG #3 blood borne pathogens completed. CG #3 CPR and first completed was filed in home binder.	9/23/21	Home will use a wall calendar to check which is will be lapsed for each caregiver.
41.(c)-	CG #2 and CG#3 the rest of 4 hours in service will be filed in home binder.	9/23/21	CG#1 will make sure the rest of caregivers will complete 8 hours inservice will add on wall calendar.
41.(g)-	The Basic Skills Checklist for CG#2, CG#3 and CG#4 is completed for client #1 was filed in home binder.	9/16/21	In the future, Home will contact CMA to deligate the caregiver within 2 to 3 days after the admission.
43.(c) (3)-	RN delegations for CG#2, CG#3 and CG#4 completed for client #1. CG#4 RN delegation completed for client #2 filed in home binder.	9/11/21	CG #1 will ensure all SCG to completed their RN delegation for both client with in 2 to 3 days.

All items that were fixed are attached to this CAP  
PCG's Signature: Josephine Pascua

Date: 10/4/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

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

PCG's Name on CCFFH Certificate: JOSEPHINE PASCUA  
(PLEASE PRINT)

CCFFH Address: 94-423 HOKUALA ST MILILANI, HI. 96789  
(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?
46.(a)-	Fire Drill for September completed filed in home binder.	9/2/21	Home will always remember all caregiver will perform Fire Drill for each month. will add on wall callendar.
49.(b) (3)-	On client #1 room installed a baby monitor.	8/30/21	Home will ensure Client #1 have access to contact caregiver.
50.(a)-	CG#2 andCG#3 completed the Emergency Preparedness Plan training and filed in home binder.	9/15/21	CG#1 will ensure all SCG get this training with in 3 days of admission. Will use checklist to keep track of training.
54.(c) (2)-	Client #2 Service Plan completed for 6/2021 filed in home binder.	9/3/21	CG#1will double check the Service Plan and other document monthly.
54.(c) (6)	RN Monthly Visit Summary complete filed in home binder.	9/22/21	CG#1 will remind RN visit note abtain with in 5 days after visit.

All items that were fixed are attached to this CAP

PCG's Signature: Josephine Pascua

Date: 10/4/21

CTA has reviewed all corrected items