

Foster Family Home - Deficiency Report

Provider ID: 1-090067

Home Name: Julien Vergara, CNA

Review ID: 1-090067-18

45-138 D William Henry Road

Reviewer: Julie Hastings

Kaneohe HI 96744

Begin Date: 7/8/2021

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

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

Comment:

6.(d)(1)- 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 8/13/2021

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)

8.(a)(2)

HHM#8 and HHM#12 only have one set of fingerprint, APS/CAN in binder dated 6/10/21. (CG#1 stated that she has other documents elsewhere, but could not locate at time of inspection).

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)

No Privacy/Confidentiality documentation for:

CG#2, CG#3,

HHM's #3. #4. #5. #6, #7, #8, #9, #10, and #12

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Foster Family Home **Personnel and Staffing** **(11-800-41)**

- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 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.

Comment:

41.(b)(5)
No ID in Binder for CG#2 or CG#3

41.(b)(8)
CG#1 has no 2020 documentation for Blood Borne Pathogen. There is proof of 2021.

CG#2 has no 2020 Blood Borne Pathogen

CG#3 CPR/First Aid expired 1/2021. No new CPR/First Aid.

41.(c)
CG#1 and CG#3 have only 7 hours annual training documented for 2020.

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

(3P)(a)(3) Staff A current Licensed Practical Nurse license plus one year of experience in a home setting. If the license is expiring within the next 30 days, evidence of a new license 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, or;

Comment:

(3P)(a)(3) Staff
CG#3 LPN license in binder expired 6/30/21

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;

Comment:

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

Administrative and Client records were in disarray which inhibited a timely and thorough review

Compliance Manager

Primary Care Giver

7/8/2021

Date

~~7/8/2021~~ 8-5-21

Date

CTA RN Compliance Manager: JERRI VAN HOUTEN

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

PCG's Name on CCFFH Certificate: Julien Vergara Foster Home
(PLEASE PRINT)

CCFFH Address: 45-138 D William Henry Rd. Kaneohe HI, 96744
(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)	Lapse cannot be corrected. Only current information are available. HHM#8 and HHM#12 completed second fingerprints.	06/10/21 09/24/21	Home will use a wall calendar to put all due dates on. APS/CAN checks will be done at least <u>4</u> weeks before due date to prevent future lapses.
8.(a)(2)	Lapse cannot be corrected. Only current information are available.	06/10/21	Home will use a wall calendar to put all due dates on. APS/CAN checks will be done at least <u>4</u> weeks before due date to prevent future lapses.
16(b)(5)	Privacy/confidentiality training was performed to the entire household.	07/25/21	Home will use checklist for all requirements for new CG and HHM.
41(b)(5)	Copies of ID placed in binder.	07/25/21	Home will use checklist for all requirements for new CG and HHM.
41(b)(8)	Copies of required documents are placed in binder.	07/25/21	Home will use a wall calendar to put all due dates on. Bloodborne, CPR documents will be done at least <u>4</u> weeks before due date to prevent future lapses.
41.(c)	Complete 12hrs Annual Training documents inserted in binder.	07/25/21	Home will use a wall calendar to put all due dates on. 12hrs Annual Training will be done at least <u>4</u> weeks before due date to prevent future lapses.
(3p)(a)(3)	Current LPN license placed in binder	7/25/21	Home will use a wall calendar to put all due dates on. LPN license will be done at least <u>4</u> weeks before due date to prevent future lapses.

All items that were fixed are attached to this CAP

PCG's Signature: Julien Vergara

Date: 7/26/20

CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRY VAN HOUTEN

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

PCG's Name on CCFFH Certificate: Julien Vergara Foster Home
(PLEASE PRINT)

CCFFH Address: 45-138 D William Henry Rd. Kaneohe HI, 96744
(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?
50.(e)	The Home is ready for reviews	08/04/21	Home will use a wall calendar to make sure materials are available for review 4 weeks before due dates.
50.(e) (1)	Administrative and Client records have been organized for easy review.	08/04/21	Home will use a wall calendar to make sure all materials are in order following its table of contents 4 weeks before due date to prevent wasting time.

All items that were fixed are attached to this CAP
PCG's Signature: Julien Vergara

Date: 8/4/21

CTA has reviewed all corrected items

Resubmitted 9/26/21