

# Foster Family Home - Deficiency Report

Provider ID: 1-160083

Home Name: Alwyn Bonoan, CNA

Review ID: 1-160083-8

1419 Kokea Street

Reviewer: Julie Hastings

Honolulu

HI 96817

Begin Date: 10/20/2021

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

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

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 11/23/2021.

## 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)  
CG#2 eCrim lapsed. Was last dated 7/26/2019. No 2021 eCrim

8.(a)(2)  
CG#1 and CG#2 APS/CAN lapsed  
CG#1 last APS/CAN was 9/14/19 no 2021 APS/CAN  
CG#2 last APS/CAN was 7/16/19 no 2021 APS/CAN

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

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

Comment:

41.(f)(1)  
No TB declination form for HHM#2

## 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)  
Service plan for Client #3 last dated 12/4/2020

# Foster Family Home - Deficiency Report

**3 Person Fire Safety,  
Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire  
No Firedrill documented for 2019, 2020 or 2021

**Foster Family Home**

**Client Rights**

**[11-800-53]**

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15)  
No door or lock on client bathroom  
No lock on door for client #2

**Foster Family Home**

**Records**

**[11-800-54]**

54.(c)(5) Medication schedule checklist;

Comment:

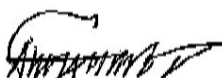
54.(c)(5)  
Client #2 No Medication Administration documentation after 10/4/2021  
Client #3 No Medication Administration documentation after 10/14/2021



Compliance Manager

10/20/2021

Date



Primary Care Giver

10/20/2021

Date

CTA RN Compliance Manager: JULIE HASTINGS

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

PCG's Name on CCFFH Certificate: ALWYN BONOAN

(PLEASE PRINT)

CCFFH Address: 1419 KOKEA ST. HONOLULU HI 96817

(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.	11/13/21	HOME WILL USE A CALENDAR TO PUT ALL DUE DATES ON. BACKGROUND CHECKS WILL BE DONE AT LEAST 1 WEEK BEFORE DUE DATE TO PREVENT FUTURE LAPSES.
8.(A)(2)	CG #1- LAPSE CANNOT BE CORRECTED.	11/13/21	HOME WILL USE A CALENDAR TO PUT ALL DUE DATES ON. FOR APS/CAN CHECKS, WILL BE DONE AT LEAST 1 MONTH BEFORE DUE DATES TO PREVENT LAPSES.
	CG #2- LAPSE CANNOT BE CORRECTED.	11/13/21	HOME WILL USE A SPREADSHEET ON MY COMPUTER TO IDENTIFY WHEN REQUIREMENTS ARE DUE TO PREVENT THEM FROM EXPIRING. CG#1 WILL INFORM OTHER CAREGIVERS WHEN ITEM IS DUE 2 WEEKS BEFORE IT IS DUE.
41.(F)(1)	2021 TB CLEARANCE WAS OBTAIN FOR HHM #2 IT WAS PLACED INTO HOME RECORD.	10/23/21	HOME WILL USE A SPREADSHEET ON MY COMPUTER TO IDENTIFY WHEN REQUIREMENTS ARE DUE TO PREVENT FUTURE LAPSES.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 11/23/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: JULIE HASTINGS

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

PCG's Name on CCFFH Certificate: ALWYN BONOAN  
(PLEASE PRINT)

CCFFH Address: 1419 KOKEA ST. HONOLULU HI 96817  
(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)	OBTAINED SERVICE PLAN 2021 FOR CLIENT #3 FROM THE CLIENTS CMA. IT WAS PLACE INTO THE CLIENT RECORD.	11/19/21	HOME WILL NOTIFY CLIENTS CMA THAT SERVICE PLAN COPIES SHOULD BE RECORD IN A TIMELY MANNER.
(3P)(B) (1)	MONTHLY FIRE DRILL WAS DONE IN OCTOBER 2021.	10/20/21	MONTHLY FIRE DRILL WILL BE DONE AND BY EACH CAREGIVER AT LEAST ONCE PER YEAR. HOME WILL SET A SCHEDULE IN THE CALENDAR TO CONDUCT FIRE DRILL.
	MONTHLY FIRE DRILL WAS DONE IN NOBEMBER 2021.  - FIRE DRILLS WAS PLACED IN HOME RECORD.	11/1/21	
53.(B) (15)	INSTALL DOOR WITH LOCK ON CLIENT BATHROOM	10/20/21	HOME WILL ENSURE THAT ALL DOORS WITH LOCK ARE PROPERLY PLACE.
	INSTALL LOCK ON DOOR FOR CLIENT #2.	10/20/21	HOME WILL ENSURE THAT THE CLIENTS BEDROOM DOOR HAS LOCK AND FUNCTIONING PROPERLY.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 11/23/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: JULIE HASTINGS

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

PCG's Name on CCFFH Certificate: ALWYN BONOAN  
(PLEASE PRINT)

CCFFH Address: 1419 KOKEA ST. HONOLULU HI 96817  
(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?
54.(C) (5)	COMPLETED MISSING MEDICATION ADMINISTRATION DOCUMENTATION FOR CLIENT #2.	10/20/21	CG #1 WILL ENSURE MEDICATION ADMINISTRATION DOCUMENTATION TO BE DONE DAILY OR IN A TIMELY MANNER.
54.(C) (5)	CLIENT #3 COMPLETED MEDICATION ADMINISTRATION	10/20/21	CG #1 TO ENSURE MEDICATION ADMINISTRATION DOCUMENTATION TO BE DONE DAILY OR IN A TIMELY MATER.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 11/23/21

CTA has reviewed all corrected items