

# Foster Family Home - Deficiency Report

Provider ID: 4-200025

Home Name: Jennyfer Damian, NA

Review ID: 4-200025-4

372 Kahiki Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 11/3/2021

## 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 home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 12/4/2021.

## 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 did not have two sets of Fingerprints result in their record. Second set was due on 7/28/21.  
CG#3 Fingerprints expired 1/18/21 and current results were not available in the CCFFH file.  
HHM#1 and HHM#2 did not have a current fingerprint or a eCrim report on file.  
CG#3 did not have a current eCrim on file.

8.(a)(2) -  
CG#2 did not have two sets of APS/CAN result in their record. Second set was due on 7/28/21.  
CG#3 APS/CAN expired 1/18/21 and current results were not available in the CCFFH file.  
HHM#1 and HHM#2 did not have current APS/CAN in the CCFFH file.

## 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) - CCFFH did not have evidence of confidentiality training for CG#1, CG#2, CG#3, HHM#1, and HHM#2

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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- 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.

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

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

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- 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.

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- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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

Comment:

- 41.(b)(4) - Unable to locate the [redacted] CG disclosure form reflecting the current household members within the CCFFH.
- 41.(b)(5) - The CCFFH did not have an alternate transportation plan in file
- 41.(b)(7) - CG#1, CG#3, HHM#1 and HHM#2 did not have evidence of current TB clearance on file in the CCFFH.
- 41.(b)(8) - CG#3 did not have evidence of current CPR/First Aid training. CG#2 did not have evidence of current Blood Borne Pathogen/Infection Prevention training.
- 41.(c) - CG#1 did not have evidence of 12 hours of annual training. CG#2 and CG#3 did not have evidence of 8 hours of annual training.
- 41.(e) - CG#2 did not have evidence of their [redacted] CG approval form on file in the CCFFH.
- 41.(f)(1) - HHM#1 and HHM#2 did not have evidence of TB clearance

Foster Family Home	Fire Safety	[11-800-46]
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46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2) - The CCFFH did not have evidence that all CGs have been training on the appropriate emergency procedures in the event of a fire.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Physical Environment

[11-800-49]

- 49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.
- 49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(a)(6) - The CCFFH had clutter throughout the bedrooms and common living areas. The front door was blocked by a large treadmill which would prohibit the passing of a wheelchair.

49.(c)(3) - The front door screen is rusted and broken in areas which could allow for insects or rodents to enter the home. The CCFFH was dim in the common living areas. Noted several tripping hazards throughout the home. Both client bedrooms have individual household members residing in them. CCFFH is not currently prepared to accept a client.

49.(e) - The CCFFH did not have evidence of a smoking policy.

## Foster Family Home

## Quality Assurance

[11-800-50]

- 50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

Comment:

50.(d) - The CCFFH records are stored in a file box and are in disarray, making it difficult to complete the inspection. CG documents were mixed together with each other. Unable to locate HHM documentation.

## Foster Family Home

## Fiscal Requirements

[11-800-52]

- 52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a) - The CCFFH did not have evidence that fiscal records are being maintained.

## Foster Family Home

## Client Rights

[11-800-53]

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

Comment:

53.(b)(15) - The CCFFH did not have documents indicating visiting hours.

## Foster Family Home

## Records

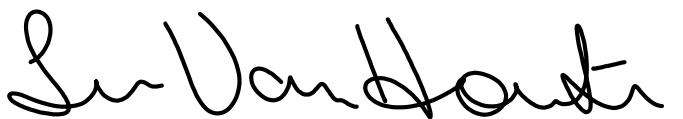
[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 54.(a)(3) A list of applicable community resources.

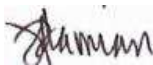
Comment:

54.(a)(1) - The CCFFH did not have an evacuation map posted.

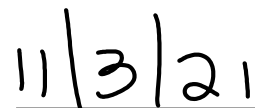
54.(a)(3) - The CCFFH did not have a resource list available in the records.



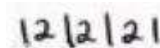
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: TERRI VAN HOUTEN

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

PCG's Name on CCFFH Certificate: JENNYFER P. DAMIAN  
(PLEASE PRINT)

CCFFH Address: 372 KAHKI ST. KAHULU, HI 96732  
(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)	Fingerprints were obtained for CG #3 and was placed on file for records	12/14/20	Bought a big white board to write down certificate and documents that are about to expire
	Fingerprints and E-crim were obtained for Htm #1 and Htm #2 and was placed on file for records		
	Fingerprints for Htm #1 E-crim for Htm #1	12/2/21 11/10/21	Written documents on white board that are about to expire as a reminder
	Fingerprints for Htm #2 E-crim for Htm #2	9/24/21 11/16/21	
	E-crim for CG #3 were obtained and was placed on file for records	12/03/20	Written on postnote visible to see right away.
Fingerprints were obtained for CG #2. It was placed on file for records	11/12/21	Will use spreadsheet on laptop	

All items that were fixed are attached to this CAP

PCG's Signature: Jennyfer P. Damian

Date: 11/30/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: FERRI VAN HOUTEN

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

PCG's Name on CCFFH Certificate: JENNYFER P. DAMIAN

CCFFH Address: 372 KAHUKI ST. KAHULUI HI 96732  
(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)(2)	APS/CAN for CG#3 were obtained and was placed on file for records	12/14/20	Will be using spreadsheet to identify near expiring documents
11e(b)(5)	CG#1, CG#2, CG#3, HHM#1, HHM#3 were trained for confidentiality training. H was placed on file for records		PCG will train CG's and HHM's at once to put file on records as one time
	CG#1	11/16/21	
	CG#2	11/16/21	
	CG#3	11/16/21	
	HHM#1	11/16/21	
	HHM#2	11/16/21	

All items that were fixed are attached to this CAP  
PCG's Signature: Jennyfer P. Damian Date: 11/30/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HOUTEN

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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)(4)	Disclosure form for HHM #1 and HHM #2 were signed & was put on file for records	11/16/21	Will be using spreadsheet for any due requirements 2 months before it expires
41(b)(5)	Alternate transportation was established and was put on file for records.		Always organize binder to have easy access
41(b)(7)	CG #1, CG #3, HHM #1, HHM #2 TB test were obtained & was placed on file for records		Will use spreadsheet for any requirements and documents for future reference.
	CG #1	11/27/21	
	CG #3	4/22/21	
	HHM #1	11/22/21	
	HHM #2	11/12/21	
41(b)(8)	CG #3 CPR and first aid training certificate was obtained and placed on file	8/16/21	Will use spreadsheet for any document needed renewals as a reminders.

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PCG's Signature: Jennyfer P. Damian

Date: 11/30/21

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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)(8)	Blood Borne Pathogen/ Infection Control certificate for CG#3 were obtained and put on records	11/11/21	Will place a big bold letters indicating expirations on documents
41(c)	CG# <del>2</del> <sup>1</sup> obtained 12 hours of annual training put on file for records	11/16/21	Will organize annual training documents for easy access
41(c)	CG#2 and CG#3 evidences of 8 hours annual training were obtained & placed on file for records	11/16/21	Printed in different colored paper
41(e)	CG#2 added on caregiver change form	10/24/20	Made each file for each CG to determine who documents belongs to
41(f)(1)	HTM#1 and HTM#2 TB clearance were obtained & was put on file	11/12/21 11/22/21	Will use spread sheet to have an easier filing for documents

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PCG's Signature: Jennyfer P. Damian

Date: 11/30/21

CTA has reviewed all corrected items

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CCFFH Address: 372 KAHUKI ST. KAHULUI HI 96732  
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46)(b)(2)	CG# 2 and CG# 3 were trained on appropriate emergency procedure in the event of fire, put on file for records	11/16/21	Organization of proper documents, place on a visible folder.
47(a)(6)	Prospected room for incoming clients were cleaned and emptied. Treadmill was moved out of the way	12/2/21	Keep up tidying up room, everyday
49(c)(3)	Rusted screen door were replaced w/ a brand new screen door. Common living area added 2 lamps aside from the 2 lamps on the ceiling fan.	12/2/21	Make sure that household is in good shape for clients to live  Extra bulbs were purchased in the event bulbs in used will get burnt

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PCG's Signature: J. Damian

Date: 11/30/21

CTA has reviewed all corrected items



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49(c)(3)	Tripping hazards were removed through out the common path clients will have an access on.	12/21/21	Tidying up access for clients everyday
49(e)	Posted 2 "no smoking" signs on 2 doors.	12/21/21	Making sure sign is visible from a far
50(d)	Records in file box were arranged and properly labeled for easy access when need be.	12/21/21	Arranged binder by folder
52(a)	Fiscal records for household we obtained put on file for records.	11/21/21	Will use spreadsheet to track expenses

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PCG's Signature: J. Damian

Date: 11/30/21

CTA has reviewed all corrected items

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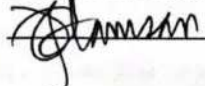
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53(b)(5)	Documents indicating visiting hours were obtained & placed on file for records	11/12/21	Documents were placed visible for individuals to see
54(a)(1)	Evacuation map posted on doors next to the exit signs	11/12/21	clear map posted & making sure it's easily readable
54(a)(3)	Resource list saved on phone & laptop for future reference	11/12/21	

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 11/28/21

CTA has reviewed all corrected items