

Foster Family Home - Deficiency Report

Provider ID: 1-633760

Home Name: Aurelia Padilla, CNA

Review ID: 1-633760-11

94-1110 Hina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/9/2021

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

5.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

5.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 12/8/2021.

PCG requests to increase from a 2 client CCFFH to a 3 client CCFFH.

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

8.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department. Requests for exemptions must be

Comment:

8.(a)(1), (2)- CG#2 without a current APS/CAN/Fingerprinting of within 6 months as CG#1 applied to increase CCFFH from a 2 client to a 3 client, HHM# [REDACTED]'s APS/CAN/Fingerprinting lapsed on 1/9/2021 and no current result present.

8.(e)- CG# [REDACTED] with a [REDACTED] determination on an APS/CAN/Fingerprinting dated 9/27/2021. No [REDACTED] determination result present.

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

41.(p)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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.(a) 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.

Comment:

41.(a)(3)- No Job Experience Forms completed by CG#2, CG#4, and CG#5.

41.(c)- CG#2 without an annual in services training certification present for the year 2020; short of 4 hours for the year 2021. CG#5 short of 4 hours of annual in service training for the year 2021.

41.(e)- No 3 clients approval forms present for CG#2, CG#4, and CG#5.

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Foster Family Home

Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a)- No Client Account Record completed for Client #1.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

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.(a)(4)- Kitchen flooring that leads to the dining area/refrigerator with a step up was not wheelchair accessible.
49.(b)(3)- No [REDACTED] present in Client #1's bedroom as CG#1's bedroom was a distance from client's bedroom.

Foster Family Home

Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department.

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

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.(a)(3)- No list of community resources present in the CCFFH binder/chart.
54.(c)(2)- Client #1's Service Plan expired on 9/26/2021; No signature of POA/client for service plan dated 3/26/2021. Client #2's Service Plan dated 5/23/2021 without the POA/Client's signature present.
54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2
Client #1- Medication Administration Record (MAR) was last signed on 11/5/2021. One lifesaving medication was not transcribed in the MAR for November 2021.
Client #2- MAR was last signed on 11/5/2021.
54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed on 11/5/2021.
54.(c)(6)- No RN's monthly visit/summary present for July 2021 and August 2021 in Client #1's chart.

Frankel Nakarive, RN

Compliance Manager

Aneli Padilla

Primary Care Giver

Date

Date

11/8/2021

11/8/2021

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: Aurelia Padilla
(PLEASE PRINT)

CCFFH Address: 94-1116 Hina Street, Waipahu, HI. 96797
(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) | CG#2 already did her APS/ CAN Fingerprinting on 11/23/21. Results filed in the CCFFH binder. | 12/3/21 | I will make sure that in order to have 3 clients, all caregivers must be within 6 months on all their background checks. |
| 8.(a) (2) | HHM#3 His last background check was on 11/2/20, it was sent with CAP last year but unfortunately, the results got misplaced and unable to reprint it from the Fieldprint anymore. Did another background check on 12/3/21. Results were filed in the CCFFH binder. | 12/22/21 | I will made additional copy from now on so I have another copy on hand. |
| 8.(e) | CG# [redacted] got a [redacted] determination on APS/CAN/ Fingerprinting dated 9/27/21. All required documents has been sent and processed. Determination approved and results were filed in the <i>CCFFH binder</i> | 12/10/21 | All required documents, fees and necessary letters has been sent to fielprint agency. I will have my CG# [redacted] to do earlier fingerprinting when in need because of the long process of determination. |

All items that were fixed are attached to this CAP
PCG's Signature: Aurelia Padilla

Date: 1/11/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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Chapter 11-800

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|---------------|--|-------------------------------|---|
| 41.(a) (3) | All of my CG#2 CG#4 CG#5 have completed their job experience forms. | 11/10/21 | I will send all required documents as soon as I am ready to do 3 clients bed. |
| 41.(c) | CG#2 has a 24 hr CNA recertification class certificate for 2020 and additional 4 hrs course on in service has been done. 11/21/21 | 5/12/20 11/21/21 | I will make sure that all required hours for inservice are up to date and all caregivers must have 12 hours for 3 clients bed. |
| | CG#5 short of 4hrs inservice. Done and completed on 11/21/21 | 11/21/21 | |
| 41.(e) | CG#2 CG#4 CG#5 has no 3clients approval forms. I will remain with 2 client bed for the meantime. Not applicable at the moment but I will obtain approval for all my caregivers as soon as I am ready to do so. | 12/7/21 | As of now, I will remain to 2 clients and as soon as I am ready to do 3bed client, I will send/fax all required documents for approval for all my caregivers. |

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Date: 1/11/22

CTA has reviewed all corrected items.

CTA RN Compliance Manager: Maribel Nakamine, RN

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Chapter 11-800**

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|---------------|--|-------------------------------|---|
| 48.(a) | Admitted client on [REDACTED] private pay from Sept.Oct.Nov.Dec 2020, [REDACTED] took over from Jan 2021, Feb, March, April and they was responsible for his \$50 allowance. | 11/12/21 | I started receiving his personal allowance eff. 4/1/21. I will write down all his expenses from that date and do his monthly account record from now on. |
| 49.(a) (4) | Portable ramp to the main entrance door has been placed for easy wheelchair access to the client # [REDACTED] room, small dining table and a small refrigerator was placed on client's living room area. | 11/12/21 | Need to keep it at all times for clients safety. Because of step up going to the kitchen, small dining table and refrigerator will be kept permanently for the client's access for snacks and drinks if needed. |
| 49.(b) (3) | Client# [REDACTED] room has [REDACTED] Client#2 room has [REDACTED] Client#3 closed to caregivers room. And all rooms are equipped with [REDACTED] | 11/9/21 | Need to have [REDACTED] in all clients room at all times for nighttime and in case of emergencies. |

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PCG's Signature: Aurelia Padilla

Date: 1/11/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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Chapter 11-800**

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CCFFH Address: 94-1116 Hina Street Waipahu, HI. 96797

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|---------------|--|-------------------------------|---|
| 54.(a) (3) | Picked up a booklet(Community Resources Book) from the State office and handbook now available and filed in the CCFFH binder for resources. | 11/10/21 | I will make sure that the handbook will not be removed from my binder and to make sure that after each used will be put back properly. |
| 54.(c) (2) | Client #1 service plan has been updated by the case management agency, signed and up to date. | 11/12/21 | I will put a note on the client's chart that service plan is due every 6 months. And to make sure that is signed by POA. |
| 54.(c) (5) | Medication lists for client #1 and client#2 has been corrected and added to the MAR. Client #1 MAR cannot be corrected. Client #2 MAR cannot be corrected. | 11/9/21 | I will write down all new added medications and instructions in to the MAR. I will do my charting at the end of the day. I will do my charting at the end of the day. |

 All items that were fixed are attached to this CAPPCG's Signature: Aurelia PadillaDate: 1/11/22 CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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|---------------|--|-------------------------------|--|
| 54.(c) (6) | Client's #1 ADL flowsheet cannot be corrected | 11/9/21 | I will make sure to do my charting at the end of the day. |
| 54.(c) (6) | RN summary visits has been updated and obtained copy from the CMA. | 11/12/21 | I will make sure that when a nurse do their home monthly visits to ask for a copy of the last visit summary. |

All items that were fixed are attached to this CAP

PCG's Signature: Aurelia Padilla

Date: 1/11/22

CTA has reviewed all corrected items