

Foster Family Home - Deficiency Report

Provider ID: 1-150003

Home Name: Emelita S. Laurente, NA

Review ID: 1-150003-8

1703 Kamehameha IV Road

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 11/23/2021

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 annual home inspection made for a 2 bed CCFFH.

6.(d)(1) - Unannounced annual home inspection for 2 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 30 days.

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#1 last eCrim 10/20/19 no 2021.

CG#2 last eCrim 9/12/19 no 2021

HHM#1 last eCrim 10/20/19 no 2021

HHM#2 last eCrim 10/20/19 no 2021

HHM#3 only has one fingerprint. first 9/4/2020 no 2021

8.(a)(2)

CG#1 APS/CAN lapsed. last 10/30/19 no 2021

CG#2 APS/CAN lapsed. last 9/20/19/ no 2021

CG#3 APS/CAN lapsed. last 12/10/19 no 2021

HHM#1 APS/CAN lapsed. last 11/6/19 no 2021

HHM#2 APS/CAN lapsed. last 11/6/19 no 2021

HHM#3 only has one APS/CAN. first 9/4/2020 no 2021

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

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

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

Comment:

41.(a)(2)
CG#3 CNA expired 4/30/2021.

41.(b)(7)
CG#1 TB lapsed. Last was 10/2020 no 2021.
CG#2 TB lapsed. Last was 1/8/2020. no 2021.
CG#3 TB lapsed. Last was 12/28/19. no 2020 or 2021.

1.(f)(1)
HHM#1 TB lapsed last done 10/2020 no 2021
HHM#2 TB lapsed last done 10/2020 no 2021
HHM#3 TB lapsed last done 9/1/2020. no 2021

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)
Client #1 Medication Administration Record is not up to date. Last entry dated 11/12/2021.



Compliance Manager



Primary Care Giver

11/23/2021

Date

12/9/2021

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: Emelita Laurente

(PLEASE PRINT)

CCFFH Address: 1703 Kamehameha IV Rd Honolulu, HI 96819

(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	2021 eCrim was obtained for CG #1, CG #2, HHM #1, HHM#2, and HHM#3 and placed in home record.	10/14/21 (for CG#1, HHM#1, HHM#2, and HHM#3) 9/14/21 (for CG#2) 10/26/21 (for CG#3)	To prevent delays, CG#1 will use wall and e-calendar to alert all individuals in this party when all due dates are approaching. ECrim will be done at least 3 weeks (or more) prior to due date to prevent lapses. Home will have wall calendar to set reminders for CG #1 as well.
8.a.2	2021 APS/CAN was obtained for CG #1, CG#2, CG#3, HHM#1, HHM#2, and HHM#3 and placed into home record.	10/20/21 (for CG#1, HHM#1, HHM#2, and HHM#3) 10/13/21 (for CG#2) 11/10/21 (for CG#3)	To prevent delays, CG#1 will use wall and e-calendar to alert all individuals when due dates are approaching. E-Crim will be done at least 3 weeks (or more) prior to due date. Home will have wall calendar to set reminders for CG #1 as well.
41.a.2	CNA renewed for CG #3. Document was obtained and placed into home record.	10/13/21	To prevent delays, CG#1 will notify CG#3 at least 5 weeks prior to expiration date of her CNA certification. Home will have wall calendar to set reminders for CG #1 as well.
41.b.7	2021 TB clearance was obtained for CG#1, CG#2, and CG#3 and placed in home record.	10/13/21 (for CG#1) 11/4/21 (for CG#2) 12/17/21 (for CG#3)	To prevent delays, CG#1 will use e-calendars to remind all parties at least 3 weeks (or more) in advance when all requirements are due. Home will have wall calendar to set reminders for CG #1 as well.
1.f.1	2021 TB clearance was obtained for HHM#1, HHM#2, and HHM#3 and placed in home record.	10/11/21 (for HHM#1) 10/22/21 (for HHM#2) 8/30/21 (for HHM#3)	To prevent CG#1 will use e-calendars and wall calendar to remind all parties

All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: _____

11/11/2022

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: Emelita Laurente
(PLEASE PRINT)

CCFFH Address: 1703 Kamehameha IV Rd Honolulu, HI 96819
(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	Medication Administration Record was updated for Client#1 by CG#1, CMA and [REDACTED] MD.	12/31/21	at least 3 weeks (or more) in advance when all requirements are due. CG#1 to always read bottles and MAR to ensure correct administration and dosage before administration. CG #1 to have ongoing collaboration with CMA and [REDACTED] providers to ensure that medications are the most updated. CG#1 will also immediately notify CMA, pharmacy, and MD/providers for any changes. CG#1 to communicate with other caregivers to ensure they are updated with any changes as well. CG#1 to have the most up to date MAR in client's records.

All items that were fixed are attached to this CAP
PCG's Signature: [Signature]

Date: 1/11/2022

CTA has reviewed all corrected items