

Foster Family Home - Deficiency Report

Provider ID: 1-120030

Home Name: Maria Calape, CNA

Review ID: 1-120030-15

1552 Kalaepaa Drive

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 11/4/2021

Foster Family Home	Required Certificate	[11-800-6]
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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
Deficiency Report issued during home inspection with all approved written corrections due to CTA by 12/5/2021.

Foster Family Home	Background Checks	[11-800-8]
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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 only 1 set of fingerprint in binder dated 11/17/18
CG#2 eCrim lapsed was done 10/27/18 and then again 11/12/20

CG#4 only 1 set of fingerprint in binder dated 4/11/18
CG#4 eCrim lapsed was done 4/13/19 and then again 7/19/21

HHM#1 does not have any fingerprint
HHM#2 does not have any fingerprint
HHM#4 does not have any fingerprint
HHM#5 does not have any fingerprint

8.(a)(2)

HHM#1 does not have any APS/CAN
HHM#2 does not have any APS/CAN
HHM#4 does not have any APS/CAN
HHM#5 does not have any APS/CAN

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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)
CG#4 does not have confidentiality/Privacy training in binder
HHM#1 does not have confidentiality/Privacy training in binder
HHM#2 does not have confidentiality/Privacy training in binder
HHM#4 does not have confidentiality/Privacy training in binder
HHM#5 does not have confidentiality/Privacy training in binder

Foster Family Home

Personnel and Staffing

[11-800-41]

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

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).

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

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

Comment:

41.(a)(3)
CG#2 does not have any work experience in the binder
CG#4 does not have work experience in the binder (but does have approval form)

41.(b)(4)
CG#4 does not have disclosure form

41.(b)(7)
CG#3 does not have TB form in 2020

41.(c)
CG#3 had only 3 hours training in 2020
CG#4 had only 10 hours training in 2020

41.(e)
CG#2 does not have a three client approval form

41.(f)(1)
HHM#1 does not have 2020 TB form
HHM#2 does not have 2020 TB form
HHM#4 has no TB on record
HHM#5 has no TB on record

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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)

Client #1- No delegation for CG#2 or CG#3

Client #2- No delegation for CG#2

Client #3- No delegation for CG#2

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire

No fire drill for CG#2, CG#3 or CG#4 in 2020



Compliance Manager



Primary Care Giver

11/4/2021

Date

11/4/2021

Date

Attn: Terri Vanhouten

CTA RN Compliance Manager: Julie Hasting

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

PCG's Name on CCFFH Certificate: Maria Calape

(PLEASE PRINT)

CCFFH Address: 1552 Kalaepaa Drive Honolulu Hawaii 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)	Lapse cannot be corrected on CG#2 due to was being removed as a caregiver to the home.	11/4/21	Home will use a wall calendar to put all due dates on . Background checks will be done at least two weeks before due date to prevent future lapses.
	Set of fingerprint was corrected on CG#4 and placed in a binder	3/11/20	
8.(a) (2)	eCrim lapsed cannot be corrected on CG#4	12/1/21	Home will use spreadsheet on a laptop to identify whose household members are all due on background checks to prevent future lapses , missing and to comply [REDACTED] requirements.
	Fingerprinting done cannot be corrected on HHM#1, HHM#2, and HHM#4 , HHM#5. Due to they all moved out the home.		
8.(a) (2)	APS/CAN cannot be corrected on HHM#1, HHM#2, and HHM#4, HHM#5 due to they all moved out the home .	12/1/21	

All items that were fixed are attached to this CAP

PCG's Signature: Maria Calape

Date: 01-03-22

CTA has reviewed all corrected items

Attn: Terri Van Houten

CTA RN Compliance Manager: Julie Hasting

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

PCG's Name on CCFFH Certificate: Maria Calape

(PLEASE PRINT)

CCFFH Address: 1552 Kalaepaa Drive Honolulu Hawaii 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?
16(b) (5)	Confidentiality/Privacy training was corrected on CG#4 and placed in binder. Confidentiality/Privacy training cannot be corrected on HHM#1&2 and HHM#4&5 due to they already moved out the home.	12/1/21	Home will keep a reminder notes and will placed in binder to prevent missing forms .
41.(a) (3)	More work experience on CG#2 cannot be corrected due to was removed as a substitute caregiver to the home. Also more work experience on CG#4 is also cannot be corrected at this time	11/4/21	Home will required more work experience on caregivers before using as a substitute caregivers to comply [redacted] requirements.
41.(b) (4)	Disclosure form is corrected on CG#4	12/15/21	Home will make a lists on all forms caregivers needed to be sign into computer and placed all signed forms in binders at all times to prevent future lost or forgotten.

All items that were fixed are attached to this CAP

PCG's Signature:

Maria Calape

Date: 01-03-22
Home

CTA has reviewed all corrected items

Attn: Terri Van Houten

CTA RN Compliance Manager: Julie Hasting

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

PCG's Name on CCFFH Certificate: Maria Calape

(PLEASE PRINT)

CCFFH Address: 1552 Kalaepaa Drive Honolulu Hawaii 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?
41.(b) (7)	TB form lapsed on CG#3 cannot be corrected		Home will use spreadsheet on a laptop to put on all due dates to prevent future lapses.
41.(c)	Increasing Hours of Training cannot be corrected on CG#3 and CG#4 at this time		The Home will put on all █ CG's on a calendar who required more hours of training to comply CTA requirement .
41.(e)	Three client's approval form on CG#2 cannot be corrected		Home will not allow █ CG's to work on 3 beds who does not have a three client's approval form █ █
41.(F) (1)	TB forms on record cannot be corrected on HHM#1, HHM#2, HHM#4 and HHM#5 due to they all moved out of the home.	12/1/21	Home will do reminders note on the calendar to identify when the requirement are due to prevent them from future expiring.
43.(c) (3)	Delegations on all 3 clients were not corrected on CG#2 due to was removed out of home SCG's .	11/4/21	Home will notify CMA that RN delegation needs to be done within few days of a caregiver before being added to home

All items that were fixed are attached to this CAP

PCG's Signature:

Maria Calape

Date:

1-3-22

CTA has reviewed all corrected items

Attn: Terri Van Houten

CTA RN Compliance Manager: Julie Hasting

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

PCG's Name on CCFFH Certificate: Maria Calape

(PLEASE PRINT)

CCFFH Address: 1552 Kalaepaa Drive Honolulu Hawaii 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?
43.(c) (3)	Delegations for client #1 was all corrected on CG#3	12/16/21	Home will do reminders client's CMA to do RN delegation needs to be done within few days for a caregiver before being added to home.
(3P)(b) (6)	Fire drills cannot be corrected on CG#2 , CG#3 , or CG#4 at this time		Home will make a lists to put on a calendar as reminders on all CG's to do the monthly fire drills alternately.

All items that were fixed are attached to this CAP

PCG's Signature: Maria Calape

Date: 01-03-22

CTA has reviewed all corrected items