

# Foster Family Home - Deficiency Report

Provider ID: 1-512857

Home Name: Asena Moala, CNA

1929 Wilder Avenue

Honolulu

HI 96822

Review ID: 1-512857-12

Reviewer: David Ayling

Begin Date: 2/24/2022

## Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 3/24/22.

## 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)(2) - HHM #2 needs 2nd year APS/CAN and fingerprints.

## Foster Family Home

### Personnel and Staffing

[11-800-41]

41.(b)(7)

Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.

Comment:

41.(b)(7) - No current TB clearance for CG #3. Expired on 8/1/2021.

41.(b)(8) - No current First Aid for CG #5. Expired on 6/9/2021.

41.(c) - No In-service hours for CG #1, CG #2, CG #3, and CG #4 for 2021.

## Foster Family Home

### Medication and Nutrition

[11-800-47]

47.(a)

A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, section 16-89-100.

Comment:

47.(a) - No RN delegations done for client #1 by CMA #1 for CG #2, CG #3, CG #4, and CG #5.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(2)

Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) - Client #2 has not had Service Plan updated since 4/30/2021.  
Client #3 has not had Service Plan updated since 2/25/2021. Both clients have CMA #2.

David A. Azling Jr  
Compliance Manager  
Arona M. Meele  
Primary Care Giver

2/24/2022  
Date  
2/24/2022  
Date

CTA RN Compliance Manager:

DAVID AYLING RNCommunity Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

ASENA MOALA

(PLEASE PRINT)

CCFFH Address:

1929 WILDER AVENUE

(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) (2)	HHM #2 obtained APS/CAN fingerprints and filed in CCFFH binder.		CG #1 will use a wall calendar to put all due dates on. Background checks will be done at least 3 weeks before due date to prevent future lapses.
41.(b) (7)	CG #3 obtained TB clearance which was filed in CCFFH binder.	4/20/22	CG #1 will use a desktop calendar to identify when requirements are due to prevent them from expiring. CG #1 will inform other caregivers when an item is due within 3 weeks before it is due.
41.(b) (8)	CG #5 obtained First Aid certification and filed in CCFFH binder.	4/18/22	CG #1 will use a check list to put due dates on to prevent future lapses.
41.(c)	cannot go back		CG #1 will use a desktop calendar to identify when requirements are due to prevent them from expiring. CG #1 will inform other caregivers when an item is due within 3 weeks before it is due.

☒ All items that were fixed are attached to this CAP

PCG's Signature:

Aseña MoalaDate: 04/20/2022☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

DAVID AYLING RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

ASENA MOALA

(PLEASE PRINT)

CCFFH Address:

1978

WILDER AVENUE

(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?
47.(a)	RN CM completed and updated delegation for CG#1, CG#2, CG#3 and CG#4 for client #1 it was placed into client record.		Home will notify client CMA that RN delegations need to be performed within 3 days of a caregiver being added to the home.
54.(c) (2)	Obtained a copy of service plan for client #2 and client #3 from CMA.		Home will use a check list to ensure that service plans will be present in the binder of each client.

☒ All items that were fixed are attached to this CAP

PCG's Signature:

Asema Moala

Date: 04/20/22

☒ CTA has reviewed all corrected items