

Foster Family Home - Deficiency Report

Provider ID: 1-100010

Home Name: Gay Marie Ruedo, CNA

Review ID: 1-100010-11

94-573 Palai Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/9/2022

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

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 4/9/2022.

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#3 without the 2 consecutive 1st and 2nd years of APS/CAN/Fingerprint present in the CCFFH binder.

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)- No confidentiality policies and procedures and client privacy rights training present for CG#4 and HHM#3.


Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3, CG#4, and CG#5 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.


Compliance Manager, 3/9/22
Date


Primary Care Giver, 3/9/22
Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: MARIE ACDSTA RUEDO FOSTER HOME
(PLEASE PRINT)

CCFFH Address: 94573 PALAH STREET WAIKAPUHI 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) and 8.(a)(2)	An appointment was scheduled for fingerprinting for CG#3. Obtained results which were filed in CCFFH binder.	03/29/22	No other secondary caregivers have skipped 2 consecutive years of APS/CAN fingerprinting. If I hire another secondary caregiver, I will be sure to schedule two appointments on my calendar (once per year) and look for the [redacted] directional form.
16.(b)(5)	I have gone over the Substitute and Adult Household Member Training document with all substitutes and household members over 18. Each person has a hard copy. I have trained each of them personally, and each person has confirmed that they have trained with me via signature.	03/13/22	Training will be reviewed and recompleted yearly. A time log will be created to keep track of each training session.
50.(a)	The Emergency Preparedness Plan document has been reviewed by all substitutes and household members over 18. After reviewing the document, each person is required to provide their signature.	03/13/22	Emergency Preparedness drills, such as evacuation and fire, will be simulated and practiced monthly. For other emergency plans, each substitute and household member over 18 will be tested for their knowledge monthly.

All items that were fixed are attached to this CAP

PCG's Signature: *Marie Ruedo*

Date: 3/13/2022

CTA has reviewed all corrected items