

# Foster Family Home - Deficiency Report

Provider ID: 1-560913

Home Name: Lydia Ramiscal, CNA

Review ID: 1-560913-14

94-1253 Henokea Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/4/2022

## 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 4/4/2022.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- HHM#1's APS/CAN for 5/11/2020 no result present; last result present was dated 4/14/16.

## 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)- CG#1 and HHM#1's TB clearances both expired on 5/7/19; both without current results present.

41.(b)(8)- Blood borne pathogen and infection control certification expired on 1/11/22 for CG#2.

41.(c)- CG#2 was short of 7 hours of annual in services for the year 2021.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P)(b)(1), (b)(2)Fire- No monthly fire drill completed for the months of January 2022 and February 2022. No nighttime fire drill conducted for the year 2021.

# Foster Family Home - Deficiency Report

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#2 and CG#3 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

Comment:

54.(a)(1)- No Emergency/Evacuation Map present in the CCFFH.



Compliance Manager

Date

3/4/22

  
Primary Care Giver

Date

3/4/22

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: Lydia Ramiscal, CNA

(PLEASE PRINT)

CCFFH Address: 94-1253 Henokea St, 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?
11-800-6.d.1	Submitted corrective action plan for 3-bed recertification due 4/4/22	3/16/22	CG#1, will be sure all applicable requirements are completed in order to comply with rules and regulations.
11-800-8.a.2	HHM#1 APS/CAN lapse cannot be corrected. Current background check processed.	3/16/22	CG#1, will obtain required documents in a timely manner to prevent lapse. A record of expiration dates will be maintained.
11-800-41.b.7	CG#1 and HHM#1 TB clearance lapse cannot be corrected. Current TB clearances processed	3/16/22	CG#1, will obtain required documents in a timely manner to prevent lapse. A record of expiration dates will be maintained.
11-800-41.b.8	Bloodborne Pathogens and Infection Control certificate obtained for CG#2	3/16/22	CG#1, will obtain required documents in a timely manner to prevent lapse and placed in correct section(s) of binder as soon as obtained to prevent loss or misplacement.
11-800-41.c	Obtained all inservice certificates for the year 2021 for CG#2	3/16/22	Continue to keep accurate records of documents
3P Fire b.1 b.2	No January and February 2022 fire drills completed. Lapse cannot be corrected.	3/16/22	CCFFH shall conduct monthly fire drills held at different times of day, evening, and night.
11-800-50.a	CG#2 and CG#3 Emergency Preparedness Plan training completed.	3/16/22	Training of all caregivers and household members shall be done within one week of adding them to the CCFFH residency.
11-800-54.a.1	Emergency / Evacuation Map posted on wall and in binder.	3/16/22	CCFFH shall ascertain that the evacuation map is posted in a visible area and a copy placed in the binder.

All items that were corrected are attached to this CAP

PCG's Signature: \_\_\_\_\_

*Lydia Ramiscal*

Date: 3/22/22

CTA has reviewed all corrected items