

Foster Family Home - Deficiency Report

Provider ID: 1-200010

Home Name: Hector Arubio, CNA

Review ID: 1-200010-6

94-1135 Awalai Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/5/2022

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.
Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.
Increase to 3 bed next certification if SCG's with 3 bed approvals can be secured

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;

Comment:

8.(a)(1) HHM [REDACTED] has not completed any background checks

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(4) Respect client privacy rights;

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)(4) There were [REDACTED] [REDACTED] in Client # 1 and 2 bedroom. There were no consent forms for use of [REDACTED] [REDACTED] [REDACTED]. Use of [REDACTED] is a violation of client privacy without written consent.

16.(b)(5) HHM [REDACTED] has no proof of confidentiality training

Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.(b)(7) HHM [REDACTED] has no proof of TB Screening Clearance

Foster Family Home 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) CG [REDACTED] (less than 3 hour) was present at the time of inspection. CG [REDACTED] was unable to state the clients names or questions regarding their care including how to evacuate in an emergency

Foster Family Home - Deficiency Report

Foster Family Home

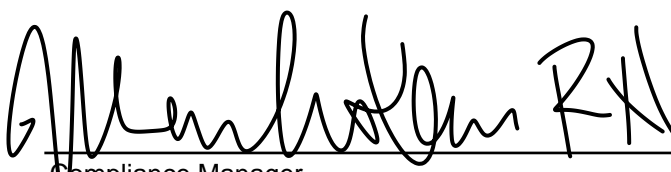
Records

[11-800-54]

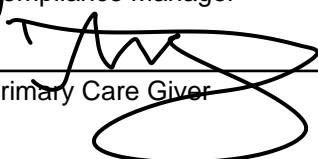
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

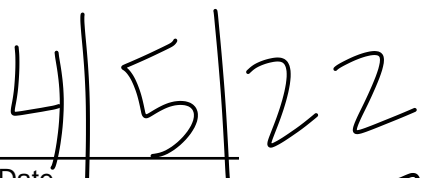
54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice




Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Jakie Chamberlain

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Hector A. Arubio

(PLEASE PRINT)

CCFFH Address: 94-1135 Awalai Street, 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?
8.(a)(1)	HHM [REDACTED] has completed ECrim and Fingerprint on 5/1/2022 and filed on CCFFH binder.	5/1/2022	[REDACTED] CG will let HHM [REDACTED] complete ECrim and Fingerprint as soon as its due and mark the calendar to remind [REDACTED] CG.
16.(b)(4)	Obtain consent from client#1 and client [REDACTED] of the use of [REDACTED] in their respective rooms to [REDACTED] them while asleep for safety purposes.	5/1/2022	[REDACTED] CG will ask consent and signature from the clients and/or POA first before installing [REDACTED] all the time.
16.(b)(5)	Conducted and signed confidentiality training to HHM [REDACTED]	5/1/2022	[REDACTED] CG will make sure all HHM's signed and be aware of confidentiality at home all the time.
41.(b)(7)	Obtained TB Test Clearance for HHM [REDACTED] on [REDACTED] and filed on CCFFH binder.	5/6/2022	Home will mark the calendar and check list of all HHM requirements to be sure everything is updated.
43.(c)(3)	CG [REDACTED] was removed as substitute from home on 4/5/2022	4/5/2022	[REDACTED] CG will make sure all [REDACTED] CG's can understand and speak English fluently, and remembers all the clients name to avoid confusion and make sure all [REDACTED] CG's and HHM's are aware of evacuation plan in case of emergency all the time.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 5/9/2022

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Jackie Chamberlain

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Hector a. Arubio

(PLEASE PRINT)

CCFFH Address: 94-1135 Awalahi Street, Waipahu Hawaii 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?
54.(c)(2)	Service plan for clients #1 and #2 has been updated and corrected by respective case management agency on [REDACTED].	5/5/2022	[REDACTED] CG will make sure service plan of all the clients are updated by case management agency when its due. and mark the calendar to remind [REDACTED] CG.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 5/1/2022

☒ CTA has reviewed all corrected items