

# Foster Family Home - Deficiency Report

Provider ID: 1-110050

Home Name: Hermelita Martinez, CNA

Review ID: 1-110050-14

92-655 Aahualii Street

Reviewer: Jackie Chamberlain

Kapolei

HI 96707

Begin Date: 5/4/2022

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

## 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 ■ has turned ■ but has not completed background checks

## Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4) Changes have been made in internal structure without submitting new evacuation map or plan

## 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 proof of provide training HHM ■ on their confidentiality policies and procedures and client privacy rights.

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

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

Comment:

41.(f)(1) No proof of TB clearance for HHM ■

# Foster Family Home - Deficiency Report

**3 Person Physical Environment**

**3 Person Physical Environment**

**(3P) Env.**

(3P)(c)(2) Env. the room must be adequate for socialization and dining by the clients, preferably with the family

Comment:

(3P)(c)(2) Env. The dining table is "bar" height and pushed flush against a wall, not appropriate for wheelchair clients. There is no chairs for clients other than pedestal style

**Foster Family Home**

**Records**

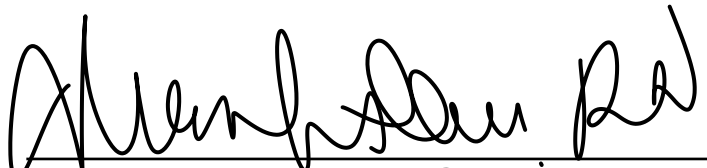
**[11-800-54]**

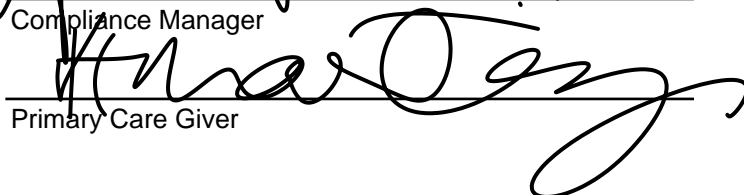
54.(c)(7) Expenditure records; and

Comment:

54.(c)(2) Service plan for clients [REDACTED] have discrepancies between the written service plan, the MD order, and the actual CCFH practice for vital sign frequency

54.(c)(7) client [REDACTED] records are incomplete

  
Compliance Manager

  
Primary Care Giver

5/4/22  
Date

5/4/22  
Date

CTA RN Compliance Manager: TERRI VAN RN/JACKIE CHAMBERLAIN RN

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

PCG's Name on CCFFH Certificate: Hermelita Martinez  
(PLEASE PRINT)

CCFFH Address: 92-655 Aahualii st kapolei hi 96707  
(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?
6(d)(1)	I made sure that the ccffh inspection with corrective action plan to CTA with in 30 days of inspection	06/02/22	in the future i will make sure to completed before 30 days to all the corrective plan t [REDACTED]
8(a)1	I made sure HHM# [REDACTED] has turned to [REDACTED] to completed the background checkas soon a possible	06/02/22	in the future , i will make sure to use a checklist to keep track 2 weeks before all the requirement to hhm# [REDACTED] turned 18 years old.
12(4)	I made sure the changes of the structure of home is submitted [REDACTED]	05/10/22	In the future , i will report for any changes in home structure asoon as possible.
TV 16(b)(7)	Imade sure to provide trianing hhm# [REDACTED] on their confidentiality policies and procedures and client privacy rights as hhm# [REDACTED] asoon as possible turned to [REDACTED] years old	05/05/22	In the future , i will use a spreadsheet or desttop reminder to myself a soon as possible to hhm# [REDACTED] 2 weeks before turned [REDACTED] years old
41(F)(1)	Imade sure proof of TBclearance for HHM# [REDACTED] is to be completed asoon as possible when the hhm# [REDACTED] turned to [REDACTED] years old	06/02/22	IN the future ,i will use a spredsheat or to the dest top to remind my self as soon aspossilbe hhm# [REDACTED] in 2 weeks before turned to [REDACTED] years old.

All items that were corrected are attached to this POC

PCG's Signature: Hermelita Martinez

Date: 06/02/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HOUTEN RN/JACKIE CHAMERLAIN RN

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

PCG's Name on CCFFH Certificate: HERMELITA MARTINEZ

(PLEASE PRINT)

CCFFH Address: 92-655 AAHUALII ST KAPOLEI HI 96707

(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?
(3p)(c)(2)	i made sure dining tables is not bar height and not against a wall and access to wheelchair and have chairs for client to set.	05/20/22	in the feture i will make sure the table is not pushed flush to the wall evry time when client is in dining room and have chairs to set.
54 (c)(2)	imade sure service plan for client [REDACTED] is the same to the Md order and ccffh practice for vital sign is followed client have follow up Dr appt.	06/02/22	in the future i will make sure the service plan for client is same to MD order and caregiver has follow.
54(c)(7)	I MADE SURE CLIENT # [REDACTED] record are completed and not used to buy the wipes care giver is returning the monies to the client allownce account.	06/08/22	in the future i will record all client expeditive record to the account and it will not happen again IN the future ,i will use a spredsheat or to the dest top to remind my self

All items that were corrected are attached to this POC

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

*H. Martinez*

Date: 06/08/22

CTA has reviewed all corrected items