

Foster Family Home - Deficiency Report

Provider ID: 1-563800

Home Name: Esterlyn Dela Cruz, CNA

Review ID: 1-563800-10

1254 Kapalama Avenue

Reviewer: Po Lim

Honolulu

HI 96817

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. Unannounced inspection made for a 3-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 6/4/2022. (30 days from the date the CCFFH is given their deficiency report)

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

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

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 proof of previous 2021 positive/negative TB skin test for C [REDACTED]. Last negative skin test present was [REDACTED]

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

41.(3P) (a)(4) There was no job experience form present for C [REDACTED]

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

(46.a and b.2) No monthly fire drills conducted by all CGs, #1, 2, 3, 4, 5, 6. Last fire drill conducted was on 5/3/2020 and no fire drill for years 2021 up to April 2022.

Foster Family Home - Deficiency Report

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

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

Comment:

3p.b.1 (46.a and b.2) No monthly fire drills conducted by all CGs, #1, 2, 3, 4, 5, 6. Last fire drill conducted was on 5/3/2020 and no fire drill for years 2021 up to April 2022.

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:


Comment:

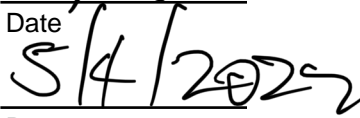
50.e The CCFFH has a gate at the sidewalk that lacks a communication method to inside the CCFFH for quick access into the CCFFH by visitors.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: TERRI VAN HOUTEN

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

PCG's Name on CCFFH Certificate: ESTERLYN DELA CRUZ
(PLEASE PRINT)

CCFFH Address: 1254 KAPALAMA AVENUE, HONOLULU, HI 96817
(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?
41.(b) (7)	CG# [redacted] TB clearance lapse cannot be corrected. 2022 TB clearance for CG# [redacted] has been obtained and placed into the CG home binder.	5/6/22	[redacted] CG will use a calendar as a reminder. 1 month ahead of the expiration date [redacted] CG will notify CG's to obtain a new clearance. This will avoid any future lapses.
41.(3P) (a)(4)	CG# [redacted] job experiences has been located and inputted into the CG's home records binder.	5/10/22	[redacted] CG is responsible for maintaining all records [redacted] CG will ensure that all [redacted] CG records are placed and filed accordingly into the home binder.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 6/24/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HOUTEN

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

PCG's Name on CCFFH Certificate: ESTERLYN DELA CRUZ
(PLEASE PRINT)

CCFFH Address: 1254 KAPALAMA AVENUE, HONOLULU, HI 96817
(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)(b) (1)	Monthly fire drills cannot be corrected. CG# [redacted] and CG# [redacted] conducted a fire drill for the month of May and June. Records have been placed into home binder.	5/6/22	Home fire drill will be conducted alternatively by all CG's #1, #2, #3, #4, #5, #6. A monthly schedule for fire drills will be created for each CG, on any given day and time. All CG's will document and maintain a record of drills and test into the home binder. CG's will mark due dates on calendars, as a reminder for upcoming drills. This will ensure that it will not occur again.
50.(e)	CORRECTED: Doorbell has been installed onto the front gate. It will be used as a method of communication, inside and outside the home.	6/3/22	[redacted] CG has installed a doorbell to the front gate. It will be used as a method of communication inside and outside the home for all visitors.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 6/24/22

CTA has reviewed all corrected items