

Foster Family Home - Deficiency Report

Provider ID: 1-624610

Home Name: Marlene Diego, CNA

Review ID: 1-624610-13

94-1237 Halelehua Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/10/2022

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

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

Comment:

Unannounced inspection made for a 3-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 6/10/2022. (30 days from the date the CCFFH is given their deficiency report).

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 Only one fingerprint present for C ■ HH ■ ■■■■■■■■, expires ■■■■■■■■ no new fingerprints present.

8.a.2 CG ■ / HH ■ APS/CAN checks are expired on ■■■■■■■■. No new APS/CAN checks present.

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

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.

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

Comment:

41.b.8 CPR, AED, 1st AID training lapsed for CG ■ was due on/before ■■■■■■■■ No present training in records since 6/3/2021

41.c. Both CG# ■ and ■ are each missing 3 hours of in-service/CE training for 2021 to present.

41.f (1) C ■ had a lapsed of TB test/screening. Previous TB screening is ■■■■■■■■ and the last TB screening is ■■■■■■■■, missing 2020 screening.

Foster Family Home - Deficiency Report

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

41.(3P) (b)(2) CCFFH has not been using 3 person CCFFH Sign Out sheets to track the hours the ■ G is out of the facility. Unable to verify if CCFFH is using NA's and CNAs per rules.

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 fire drill conducted by C ■ nor ■. Last fire drill was on 4/6/2021.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

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

Comment:

3P.b.1. Fire drills are to be conducted monthly.

Foster Family Home


Records

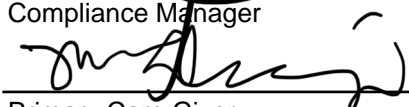
[11-800-54]

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

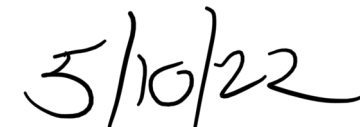
Comment:

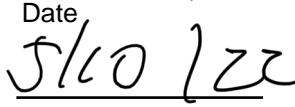
54 (c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list was not filled out for ■ 2022 for client ■, last entry was ■



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN/ Po Lim RN

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

PCG's Name on CCFFH Certificate: Marlene Diego

(PLEASE PRINT)

CCFFH Address: 94-1237 Halelehua 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	I received current finger prints from CG# [redacted] HHM# [redacted] I placed the results in my CCFFH binder.	6/2/2022	Included the expiration date of fingerprints for all caregivers into my online calendar. I set a reminder of 3 weeks before expiration.
8.a.2	I received current APS and CAN from CG# [redacted] HHM# [redacted] I placed the results in my CCFH binder.	6/2/2022	[redacted] CG to ensure that all needed documents are current by including them into my calender reminder with a 3 week reminder before expiration date.
41.b.8	CPRAED First aid taining was misplaced. Placed in my home recorde	6/19/21	[redacted] CG to check home binder every month to make sure all needed documents are in place.
41.c.	Inservice / CE training for both CG# [redacted] and CG# [redacted] was completed and placed inside home binder	5/20/22	[redacted] CG to put a calendar reminder in online calendar to ensure and cellphone one month before expiration date.
41.f.(1)	TB screening for CG# [redacted] 2020 was misplaced. Included results into home binder.	5/20/22	[redacted] CG to put a reminder into my online calender to ensure TB screening for all caregivers are current 1 month prior to expiration date.
	TB screening for CG# [redacted] 2022 was completed and placed into home record.	2/8/2022	

All items that were corrected are attached to this POC

PCG's Signature: Marlene Diego

Date: 6/27/2022

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN/ Po Lim RN

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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.(3b) b(2)	CCFFH Sign out for 3 clients provided GNA [REDACTED] caregivers is done. Placed into home records.	5/11/2022	[REDACTED] CG to sign /fill out sign out sheet prior to leaving the CCFFH. Included cell phone reminder to not exceed 5 hours within a day.
46.a and b2	Fire drill for CG# [REDACTED] and CG# [REDACTED] done and documented monthly records was misplaced.	5/11/22	[REDACTED] CG to set up a calendar reminder into my online calendar and cell phone every first week of the month to ensure compliance.
3p.b1	Fire drill was documented monthly and recorded. It was placed into home record.	5/11/22	[REDACTED] CG to set-up online calendar reminder into cellphone to ensure compliance.
54(c)(6)	Daily documentation for CG# [REDACTED] done and recorded and placed into client chart.	5/12/22	Ensure [REDACTED] CG to sign personal care flow sheet when care is provided in a daily basis.

All items that were corrected are attached to this POC

PCG's Signature: Marlene Diego

Date: 6/27/2022

CTA has reviewed all corrected items