

# Foster Family Home - Deficiency Report

Provider ID: 1-140048

Home Name: Adriana Pintor, NA

Review ID: 1-140048-9

1521 Gulick Avenue

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 7/20/2022

## 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 2-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 8/20/2022. (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 and 8.a.2. CG#2 does not have the 12 months, two sets of APS, CAN, Fingerprints requirements. CG#3 (HHM#1) APS, CAN, FP expired on 6/12/2022, and no new present. Also does not have the 12 months, two sets of APS, CAN, FP requirements. CG#4 APS and CAN expired on 6/20/2021, and no new present.

## 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 CG#4 does not have confidentiality/privacy right training.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.b.7 CG#2 TB test/screening lapsed; expired on 8/12/2020, renewal on 3-10-2022. CG#3 (HHM#1) TB test/screening completed on 6/22/2022, but no previous history of test/screening. CG#4 TB/Screening expired on 6/23/2021 and no new present.

41.b.8 CG#1 CPR, 1st Aid, issued on 5/26/2021 but no historic certificate to reference past training. CG#1 is missing BBP for 2021-2022. CG#3 BBP expired 8/3/2021. CG#4 BBP expired 6/2/2022. No present.

41.e. CG#4 is missing CTA SCG Approval form.

41.f.1. HHM #2 and HHM#3 are missing TB testing/screening.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 No Skills assessment for CG#2 and #4. No RN delegation present for CG#2 and CG#4, oral medications.

Foster Family Home	Fire Safety	[11-800-46]
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- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.b.2. Only CG#3 is conducting Fire Drills for the past 12 months. PCG, CG#2, CG#4 have not conducted a fire drill for the past 12 months.

Foster Family Home	Physical Environment	[11-800-49]
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- 49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.e. Smoking policy is not present.

# 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. EPP is not reviewed nor trained to all SCGs. Form is I completed and no signature of training being completed.

## Foster Family Home

## Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.b Monthly budget and expenses is not maintain.

## Foster Family Home

## Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.b.15. Visiting hours is not completed nor listed in the S/P.

## Foster Family Home

## Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

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

54.(c)(5) Medication schedule checklist;

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.a.3 Resource list is not present nor information to access online present.

54.c.2. Service plan for Client #1 required blood pressure to be check twice and day. Blood pressure is only check once a day.

54.c.5 and 54.c.6 MAR is currently not dated. MAR have error entry on 7/5/2022 for blood pressure taken. Daily flowsheet is not sign out for 7/16/2022 through 7/19/2022.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Adriana Pintor

CCFFH Address: 1521 Gulick Ave, Honolulu HI, 96819  
(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 and 8.a.2	APS, CAN, Fingerprint requirements for CG#2 obtained.  APS, CAN, Fingerprint was renewed 8/3/22. APS, CAN for CG#4 obtained. & CG#3	8/10/22	Home will use desk calendar to note due date for APS, CAN and Fingerprint for all CGS to be checked every month to prevent lapses. All CG's should submit a copy of their current APS,CAN and Fingerprints to be filed at the CCFFH binder.
16.b.5	RN delegation was done for CG#4 by the client's can for confidentiality/privacy. Records are filed at the CCFFH binder.	8/10/22	Home will notify cm that RN delegation traing needs to be done for each CG.
41.b.7	CG#2's yearly TB test was obtained.	8/07/22	All CG's history of TB clearances 1st aid, cpr should be filled at the CCFFH [redacted]
41.b.8	CG#1's cpr and 1st aid history obtained.		
41.e	CG#4's CTA approval form obtained.	8/7/22	All CG's [redacted] approval form should be filled at the CCFFH binder [redacted]
41.f.1	HHM#2 and HHM#3's TB testing/clearance obtained	8/5/22	Home will use desk calendar to note HHM requirements.

All items that were corrected are attached to this POC

PCG's Signature: *Adriana Pintor*

Date: 8/10/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Adriana Pintor

CCFFH Address: 1521 Gulick Ave., Honolulu HI 96819  
(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?
43.c.3	Skills assessment for CG# & CG#4 done. RN delegation done for oral medication administration.	8/9/22	Home will notify client's CMA that RN delegation needs to be done ASAP for CG especially for oral medication.
46.b.2	CG#1,2,4 as well as [redacted] CG will each have their turn to conduct fire drill in the 12 month period. August fire drill done by CG#4.	8/6/22	Home will use spreadsheet to schedule CG to do fire drill and file at CCFFH binder.
49.e	[redacted] CG made a smoke policy.	8/5/22	Smoking policy should be at the CCFFH binder [redacted]
50.a	All [redacted] CG's had a training for emergency management policies and procedures for emergency situations.	8/5/22	Emergency management policies and procedures are reviewed and all CG's are aware of the emergency procedures.
52.b	[redacted] CG made monthly budget.	8/5/22	Monthly budget should be filled up each month to be checked by CTA.
53.b.15	Visiting hours policy made and in the s/p.	8/5/22	CCFFH visitation policy filed at CCFFH binder
54.a.3	[redacted] CG printed community resources.	8/5/22	Community resources filed at CCFFH binder.
54.c.2	Blood pressure check cannot be corrected.	8/5/22	CMA included blood pressure parameters at client's MAR.
54.c.5	MAR error cannot be corrected.	8/5/22	CG will make sure to check BP parameters and record it at client's MAR as well as on client's flowsheet and ensure that it matches.

All items that were corrected are attached to this POC

PCG's Signature: Adriana Pintor

Date: 8/10/22

CTA has reviewed all corrected items