

Foster Family Home - Deficiency Report

Provider ID: 1-160066

Home Name: Ogilyn Ramos, CNA

Review ID: 1-160066-10

94-1084 Lumiauu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/6/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/6/2022.

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), (2)- HH [REDACTED] without any result of APS/CAN/Fingerprinting in the CCFFH binder.

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 confidentiality policies and produres and client privacy rights training present for CG#3, CG#5, and HHM#2.

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

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(f)(1)- No TB clearance result present for HHM [REDACTED].

41.(g)- No Basic Skills Checks completed for CG#5 in Client [REDACTED]'s chart.

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)- CG#5 was without evidence of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home - Deficiency Report

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1, Client #2, and Client #3 with [REDACTED] [REDACTED] [REDACTED] inside their bedrooms. No written authorization present from POAs in each client charts.

Shantel Nakamine, RN 7/6/22

Compliance Manager

Date

[Signature]
Primary Care Giver

Date

7/6/22

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: OGILYN RAMOS
(PLEASE PRINT)

CCFFH Address: 94-1084 Lumiauau 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). (2) | HHM #2 look the APS/CAN/Fingerprinting. A copy of the result will be kept in the CCFFH binder. | 7/12/22 | Home will set reminders on the CG#1 cellphone to go off at a certain date and time. |
| 16.(b)(5) | CG#3, CG#5, and HHM#2 have been trained in the confidentiality policies and procedures and client privacy rights. | 7/17/22, 7/15/22 7/8/22 | CG#1 will make sure that all CGs and HHM will be trained within a week of being added to the home. |
| 41.(f)(1) | HHM#2 took the chest X-ray on 7/20/22 because the TB skin test was positive. Result for the CXR was negative. | 7/22/22 | CG#1 will make sure that HHM will get the document before the deadline. |
| 41.(g) | CG#5 have completed the basic skills checklist | 7/15/22 | CG#1 will make sure that all CGs completed the Basic Skills Checklist when they are added to the home. |
| 50.(a) | CG#5 was trained in the Emergency Preparedness Plan | 7/15/22 | CG#1 will ensure that all CGs will be trained within a week of adding to the home |
| 53.(b)(9) | Had the POA of Client#1, Client#2 and Client#3 sign the letter of consent regarding the use of video monitor inside their bedroom. | 7/18/22 7/15/22 7/19/22 | CG#1 will make sure that Client's POA will sign the consent letter for video monitor before installing it inside the client's bedroom. |

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 8/01/22

CTA has reviewed all corrected items