

Foster Family Home - Deficiency Report

Provider ID: 1-560129

Home Name: Nerissa Cristobal, CNA

Review ID: 1-560129-14

91-709 Pohakupuna Road

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/21/2022

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 Plan of Correction due to CTA on 11/21/2022. (30 days from the date the CCFFH is given their deficiency report).

The deficiency report has been revised to address additional violation. See 40.(1) for information.

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#1, #2, #3, #4 and HHM#1 does not meet the 2 set of APS, CAN, Fingerprints within 12 months period. CG# 3 was missing all Fieldprint printouts. CG#3 and #4 have expired ECRIM.

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. All CGs and HHMs are missing confidentiality training and signature sheet.

Foster Family Home Contracts with CMAs [11-800-40]

40.(1) If the primary caregiver, substitute caregiver, owner of the property, holder of the certificate, or any other adult in the home, except for clients, is related in any way to a paid or unpaid member of the staff or officer of the case management agency; or

Comment:

40.(1) - HHM#2 in an employee of a CMA which currently has clients residing in the CCFFH. Client #1, #2 and #3 were receiving services from this CMA at the time this HHM was resident in the CCFFH.

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Personnel and Staffing

[11-800-41]

- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 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.

Comment:

41.a.3 (3P) CG#2 and #4 is missing home experience form.

41.b.4. CG#3 and #4 is missing their disclosure form.

41.b.5. HHM#1,#2 have expired ID card. CG#3 is missing ID card.

41.b.7. CG#1 TB test expired on 9/13/2022; CG#2 expired on 1/4/2022; CG#3 TB Test expired on 4/16/2022, CG#4 is missing her TB screening/test results.

41.b.8. CG#3 missing previous CPR, AED, First Aid proof. CG#4 CPR, AED, First Aid have expired on 12/18/2021.

Foster Family Home

Client Care and Services

[11-800-43]

- 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. RN Delegation for all three clients were not sign by certain the SCGs.

Foster Family Home

Fire Safety

[11-800-46]

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

Comment:

46.b.2. CG#2 did not conduct a fire drill for the past 12 months.

Foster Family Home

Physical Environment

[11-800-49]

- 49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.a.5. Fire alarm in hall way is low on battery

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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. A way of communication was unavailable at the outside of the closed gate.

Foster Family Home

Records

[11-800-54]

54.(c)(2)

Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

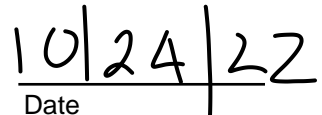
54.c.2. Service plan for all three Clients were not signed.



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: NERISSA Q. CRISTOBAL FOSTER HOME

CCFFH Address: 91-709 POHAKUPUNA ROAD EWA BEACH, HI, 96706
(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	CG #1 on 11/7/22, #2 on 02/04/21, #3 on 06/02/22, #4 and HHM#1 on 11/28/22 APS, CAN, Fingerprints was obtained. ECRIM CG # 3 on 11/28/2022; CG #4 on 05/24/2022	11/04/22	Home will use spreadsheet to monitor and easily identify when requirements are due to prevent expiring. Primary CG#1 will notify SCG's when the item is due within 3 weeks before it is due.
16.b.5	All CG's and HHMs signature was obtained.	11/04/22	Home kept the completed Confidentiality Training and signature sheet Provider's file.
40.1	HHM#2 resigned 11/10/2022.	11/10/22	Home holder of the certificate will follow through HAR to avoid conflict of interest.
41.a.3	Home experience form of CG #2, #4 was updated/completed	10/25/22	Home kept the completed Caregiver's form on file.
41.b.4	Disclosure form for CG#3, #4 was obtained.	10/25/22	Home kept the completed Disclosure form on file.
41.b.5	HHM #1, #2 ID card obtained and on file	10/25/22	HHMs ID card was kept on file.
41.b.7	TB screening/test results updated CG#1 on 11/29/22; CG#2 on 01/10/22; CG#3 on 04/27/22; CG#4.	10/25/22	Home kept the completed / updated TB Screening/test results.

All items that were corrected are attached to this POC

PCG's Signature: *Nerissa Q. Cristobal*

Date: 11/20/2022

CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HAUTEN, RN

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

PCG's Name on CCFFH Certificate: NERISSA Q. CRISTOBAL FOSTER HOME

CCFFH Address: 91-709 POHAKUPUNA ROAD EWA BEACH, HI 96706
(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.8	CG#3 CPR, AED, First Aid valid till 7/27/24, CG#4 completed and kept on Providers file.	10/25/22	Home will maintain log sheet to monitor the SCGs documentation expiry.
43.c.3	Completed RN Delegations for 3 clients was signed by SCGs	10/25/22	Home will check the completeness of RN Delegations and ensure SCGs signed.
46.b.2	Fire Drill for CG#2 on file	11/01/22	Home completed and kept on file Fire Drill binder.
49.a.5	New battery was replaced and fixed.	10/25/22	Home fixed the Fire Alarm in the hallway. This will be checked on a monthly basis for its working condition.
50.e	Added doorbells outside the closed gate for easily accessible for client use.	11/02/22	Home completed and installed outside closed gate the doorbell on the side of the Mailbox (black color).
54.c.2	All three (3) clients Service Plan of Care was signed / completed by clients representative and client resident.	11/07/22	Home will inform the clients representative to sign the Service Plan once receive from CMA. Copy of which will be provided to the client representative.

All items that were corrected are attached to this POC

PCG's Signature: Nerissa Q. Cristobal

Date: 11/30/2022

CTA has reviewed all corrected items