

# Foster Family Home - Deficiency Report

**Provider ID:** 1-100106

**Home Name:** Helen Claveria, NA

**Review ID:** 1-100106-14

94-1261 Huakai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/31/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 1/31/2023 with Plan of Correction due to CTA within 30 days of inspection date of 1/31/2023.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were lapsed for CG# 1, 2, 5 and HHM# 1,2,3,5.  
APS/CAN was due on or before 3/3/2022 and was completed on 3/16/2022.

8(c) State Name Check (eCrim) was lapsed for CG# 1,2,4,5 and HHM# 1,2,3,4,5. State Name Check (eCrim) was due on or before 1/2/2023 and was completed on 1/5/2023.

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG# 3. CG# 3 TB clearance was due on/before 12/20/2022.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

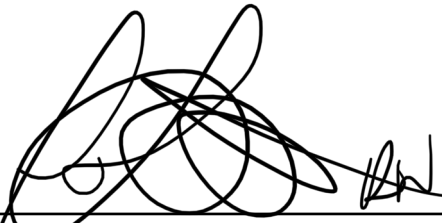

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;


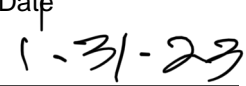
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to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

Comment:

54(c)(2) No current service plan present for Client# 1. Last one in record is dated 02/2022 and was not signed.

54(c)(6) ADL flowsheet was not documented daily. Sheet not completed from 1/27/23 to 1/31/23.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: PO LIM, RN

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

PCG's Name on CCFFH Certificate: Helen Claveria

(PLEASE PRINT)

CCFFH Address: 94-1261 Huakai St. 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)(2)	APS/CAN was already completed but after it was due and moving forward I will make sure to not allow it to lapse.	1/31/23	Set a reminder to complete APS/ CAN two weeks before due date of renewal.
8.(c)	Ecrim was already completed but after due date therefore it was lapsed. Moving forward I can take preventative measures by completing two weeks prior it's renewal date.	1/31/23	Set a reminder to complete Ecrim two weeks prior the renewal date.
41.(b)(7)	Evidence was not present on/ before 12/20/22. TB Clearance faxed and received on 1/31/23.	1/31/23	Moving forward all TB Clearances will be present, filed, and up to date.
54.(c)(2)	Service plan for client #1 is now present and signed.	2/17/23	Preventative measures I've taken to make sure this doesn't happen again is that I've created a check list to make sure I'm provided a signed service plan at all times.
54.(c)(6)	ADL Flow sheet is now current and updated.	1/31/23	I will continue to log ADL Flow sheet daily and set a daily reminder to make sure flow sheet has been documented on a daily basis.

☒ All items that were corrected are attached to this POC

PCG's Signature: Helen Claveria

Date: 2/20/23

☒ CTA has reviewed all corrected items