

# Foster Family Home - Deficiency Report

Provider ID: 1-110050

Home Name: Hermelita Martinez, CNA

Review ID: 1-110050-16

92-655 Aahualii Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 3/17/2023

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 3/17/2023 with Plan of Correction due to CTA within 30 days of inspection date of 3/17/2023.

Foster Family Home	Background Checks	[11-800-8]
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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. HHM #3 did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

8(a)(2) APS/CAN checks were overdue for CG# 1 and HHM# 1.  
APS/CAN was due on or before 5/21/2022 and are not present in the CCFFH file.

# Foster Family Home - Deficiency Report

**Foster Family Home**

**Personnel and Staffing**

**[11-800-41]**

- 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).

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- 41.(b)(5)(C)(i) Have a valid driver's license;

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- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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- 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.

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Comment:

41.b.4 No current disclosure form present for CG# 1.

41.b.5.c.i CG#1 and CG#2 have expired driver license.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 1, CG#2, and HHM# 1, HHM#2, HHM#3, HHM#4.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 1 and #2. CG# 1 and #2 requires 12 hours of in-service training, but both had only 2 hours attended in 2022.

**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.

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Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG# 2 (NA) worked in a day or week.

**3 Person Fire Safety, Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

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

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- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night

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- (3P)(b)(3) Fire shall be held under varying conditions, e.g., eating, visiting, bath times, etc.

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- (3P)(b)(4) Fire shall include testing of smoke detectors

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- (3P)(b)(5) Fire shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants

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- (3P)(b)(6) Fire shall include all SCGs at least once per year

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Comment:

(3P)(b)(1)(2)(4)(5)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

# 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)(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;
- 54.(c)(8) Personal inventory.

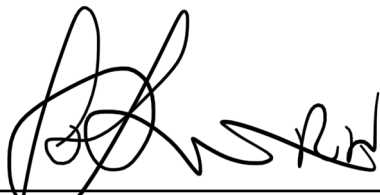
Comment:

54(c)(2) Service plans for Clients #1, #2, #3 were not signed by patient/POA for current plans.

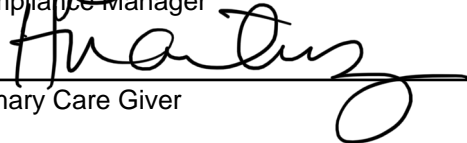
54(c)(5) No MAR present for February and March 2023 for Client# #1, #2, and #3. .

54(c)(6) No dialy vitals flow sheet present for Client# 1 from July 2022 to March 2023.  
Client # 1 did not have evidence of RN monthly visit notes for 8/2022 through February 2023.

54(c)(8) Client#1 and Client #3 did not have evidence that a personal inventory log has been initiated and/or maintained.



Compliance Manager



Primary Care Giver

3/17/2023

Date

3/17/2023

Date