

Foster Family Home - Deficiency Report

Provider ID: 1-160034

Home Name: Editha N. Ponce, CNA

Review ID: 1-160034-11

706 Hooluu Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 3/10/2023

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 3/10/23).

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), (2)- No second set of APS/CAN/Fingerprinting present for CG#5 in the CCFFH binder.

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

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.(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.(c)- CG#5 was short of 7 hours of annual in-services for the year 2022.

41.(e)- No 3-bed department approval present for CG#5 in the CCFFH binder.

41.(g)- No basic skills check present for CG#5 in Client #1's chart.

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 RN delegations were present for CG#5 in Client #1's chart.

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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.(e)- CG#5 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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)- Client #1's Service Plan dated 10/11/22 without the POA's signature. Client #2's Service Plan dated 12/28/22 also without the Client/POA's signature.

Maikel Nakamine 3/10/23
Compliance Manager Date
[Signature] 3/10/23
Primary Care Giver Date