

# 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.

# Foster Family Home - Deficiency Report

## 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.(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

## Community Care Foster Family Home (CCFFH)

## Written Plan of Correction (POC)

## Chapter 11-800

PCG's Name on CCFFH Certificate: Editha N. Ponce

(PLEASE PRINT)

CCFFH Address: 706 Hoolun St. Pearl City HI 96782

(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)	CC#5 No second set of APS/CAN Fingerprinting in the binder. 1st set APS/CAN fingerprint expires 9/19/2023	3/12/23	Home has calendar to maintain record of fingerprinting.
41-(c)	CC#5 short of 7 hours annual in service for the year 2022. CC#1 Obtained 7 hours of in service for CC#5 filed in the Home binder.	3/13/23	Home has calendar to maintain documentation of training received by caregiver.
41-(e)	CC#5 No 3 bed approval present in the CCFFH binder. Obtained 3-Bed approval form filed in the Binder.	3/14/23	Home shall maintain a file approval of [REDACTED] caregiver.
41-(g)	CC#5 Basic skills checks completed and filed in the binder.	3/13/23	Informed RN Case Manager to delegate caregiver's [REDACTED] for addressing the client's need.
43-(c)(3)	CC#5 Delegations completed & filed in the binder.	3/13/23	Informed RN Case Manager to delegate caregiver [REDACTED] for addressing the client's need.

☒ All items that were corrected are attached to this POCPCG's Signature: [Signature]Date: April 7, 2023☒ CTA has reviewed all corrected items

## Community Care Foster Family Home (CCFFH)

## Written Plan of Correction (POC)

## Chapter 11-800

PCG's Name on CCFFH Certificate: Editha N. Ponce

(PLEASE PRINT)

CCFFH Address: 706 Hooluu St. Pearl City HI 96782

(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?
50. (c)	CG #5 No evidence of Emergency Preparedness plan training. CG #1 trained CG #5 in Emergency Preparedness plan. CG #5 signed and filed in the binder.	3/13/23	Home shall have documented emergency policies & procedures for emergency situations. Will train CG within 7-10 days of adding to home.
54. (c)(2)	Contacted CM to inform family about the Service Plan. Family signed the Service plan and filed in the binder.	3/11/23 3/31/23	Informed Client #1's POA to sign for the Service Plan. Will use check list to keep track. Informed Client #2's POA to sign for the Service Plan.

☒ All items that were corrected are attached to this POCPCG's Signature: Date: April 7, 2023☒ CTA has reviewed all corrected items