

# Foster Family Home - Deficiency Report

Provider ID: 1-210006

Home Name: Mariacita S. Aceret, CNA

Review ID: 1-210006-5

94-547 Ana Aina Place

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 12/8/2022

## 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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 1/8/2023.

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

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.

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.(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.(b)(7)- CG#1's TB clearance lapsed on 10/5/22 and no current result present. CG#3's TB clearance lapsed on 6/24/22 and was done on 9/6/22.

41.(b)(8)- CG#4 without a basic first aid certification and blood borne pathogen and infection control training present.

41.(c)- CG#3 and CG#4 were short of 4 hrs of the required 8 hours of annual in-services training.

41.(g)- No basic skills checklist was completed for CG#3 in Client #1 and Client #2's charts.

## 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.(a)- CG#3 and CG#4 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- two 8:00 am scheduled medications for today (12/8/22) were not signed.

  
Compliance Manager  
  
Primary Care Giver

12/8/22  
Date  
12/8/22  
Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Mariacita S. Aceret, CNA

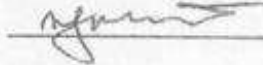
(PLEASE PRINT)

CCFFH Address: 94-547 Ana Aina Place, Waipahu Hawaii 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?
41.(b)(7)	Cg # 1 Lapsed TB clearance can not be corrected or updated to solve the lapse, however a new result has been completed. Cg #3 lapse of TB clearance can not be resolved or corrected., the result of the new clearance is 9/6/22.	12/15/2022	A reminder/ alarm has been set up in my phone as well as binder reminder notes 3 months before expiration to avoid lapse in the future.
41.(b)(8)	Cg#4 Basic first aid certification was in the binder Date is 9/10/2022 and will expire on 09/2024 CG#4 Blood borne Pathogens was completed on 12/8/2022	12/15/22 12/08/22	Not expiring soon. Make sure all updated documents are placed and labeled in the binder. New results has been placed in the binder. A reminder/ alarm has been set up in my phone.
41.(c)	CG#3 and #4 did an on line inservice on 12/28/22 to complete 8 hrs of In services.	12/28/2022	Make sure to attend all Organizations Inservices in order to complete requirements will use checklist to keep track. Certificates has been faxed and placed in binder.
41.(g)	Basic skills checklist was completed and conducted by CMA. copies are faxed and placed in binder.	12/10/2022	Make sure to do Basic skills training every year to all clients and make another one upon admission to be conducted by the CMA.
50.(a)	CG#3 and #4 have been trained in the Emergency plan and have them sign in the client's binder.	12/9/2022	Make sure every caregiver is trained with the CCFFH Emergency preparedness plan CG1 should conduct every year update binders

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12-30-2022

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Mariacita Aceret, CNA

(PLEASE PRINT)

CCFFH Address: 94-547 Ana Aina Place, Waipahu, Hawaii 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?
54.(c)(5)	Not signed medication list can not be corrected at the moment, However, medication log has been updated.  END	12/28/22	I will always remember to sign MAR everytime we give medications. Always chart and update daily and evertime medications are administered.  END

☒ All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: 12/30/2022

☒ CTA has reviewed all corrected items