

Foster Family Home - Deficiency Report

Provider ID: 1-170026

Home Name: Mario Pascual, CNA

Review ID: 1-170026-9

92-1258 Kaleo Place

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 2/6/2023

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 visit made for a 2 bed annual inspection.

Deficiency Report issued during CCFFH inspection via email on 2/6/2023 with Plan of Correction due to CTA within 30 days of inspection date of 2/6/2023.

Foster Family Home Background Checks [11-800-8]

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) Fingerprint is not present in the CCFFH file for HHM#2.

8(a)(2) APS/CAN checks is not present in the CCFFH file HHM#2.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#3 and HHM#2.

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Foster Family Home

Personnel and Staffing

[11-800-41]

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG #1, #2, #3. CG #1 and #2 was due on/before 12/3/2022. CG #3 was due on/before 5/22/2022.

41.(f)(1) No current for HHM #1 and #2. HHM#1 TB clearance was due on or before 12/3/2022 and was not completed. HHM#2 is missing TB clearance.

Foster Family Home

Client Care and Services

[11-800-43]

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 delegation present for Client #1 for CG #3.

Foster Family Home

Fire Safety

[11-800-46]


46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

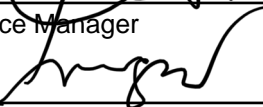
46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:


46.(a) - Last fire drill present in record was documented on 3/3/2022. No fire drill documentation present for 4/2022 through 1/2023.

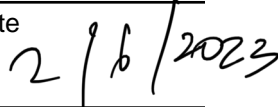
46.(b)(2)- CG #2 and #3 did not have evidence of conducting a monthly fire drill within the past 12 months.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: MARIO C. PASCUAL

(PLEASE PRINT)

CCFFH Address: 92-1258 Kaleo Pl., Kapolei, HI 96707

(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)	HHM#2 obtained fingerprint and is in home file.	02/10/23	List of expiring clearances is in the front of binder to avoid future lapses.
8 (a)(2)	HHM#2 obtained APS/CAN and is in home file.	02/10/23	List of expiring clearances is in the front of binder to avoid future lapses.
16(b)5	CG#3 and HHM#2 have signed the confidentiality policies and procedures and client privacy rights.	02/06/23	All CGs and HHMSs have input reminders on their individual cell phone at least a month before due date to avoid future lapses.
41(b)(7)	CG#1 & CG#2 obtained TB clearances and are now placed into home record.	02/24/23	Home will use wall calendar to put all due dates and initiates renewal at least 30 days before due dates.
	CG#3's TB clearance in file is dated 05/23/22, therefore, it is current and not due until 05/22/23.	n/a	n/a
41(f)(1)	HHM#1 moved out of the house on 8/12/22 before the due date of 12/3/22 (as noted by Inspector in home record)	n/a	n/a
	HHM#2 obtained TB clearance and is in home record.	02/24/22	Home will use wall calendar to put all due dates and initiates renewal at least 30 days before due dates.
43(e)(3)	RN delegation was done for CG#3 for Client #1 and is in home record.	02/24/22	Home will notify client's CMA that RN delegation needs to be done within 5 days of a caregiver being added to the home.
46 (a)	Lapse cannot be corrected.	02/06/23	Reminders in wall calendar for monthly fire drill.
46(b)(2)	CG#2 conducted fire drill for February on 02/06/23 and CG#3 conducted fire drill on 3/01/23.	02/06/23	Reminders in wall calendar for monthly fire drill.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 3/3/23

CTA has reviewed all corrected items