

Foster Family Home - Deficiency Report

Provider ID: 1-562571

Home Name: Yolanda de Vera, CNA

Review ID: 1-562571-12

1586 Moani Street

Reviewer: Po Lim

Honolulu

HI

96819

Begin Date: 1/10/2023

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 inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 2/10/2023. (30 days from the date the CCFFH is given their deficiency report).

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.2. CG#2 (HHM#1) has expired APS/ CAN on 5/21/2022 and no renew present.

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

Comment:

41.b.8. CG#1 and #2 BBP have expired on 10/20/2022 and no renew present.

41.c CG#1 is missing required 12 credit hours of CE/ in-service training, and CG#2 is missing 8 hours of CE/ in-service training.

Foster Family Home	Fire Safety	[11-800-46]
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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 was conducted on 2/2/2022, none thereafter.

46.b.2. CG#2 have not conducted a fire drill for the past 12 months.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

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;

Comment:

54.c.3. Client #2 is missing doctors orders.

54.c.5 and 54.c.6. Client #1 is missing MAR, Daily Vitals sign sheet, and Daily task sheet for month of December 2022, and January 2023.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager:

Po Lim RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Yolanda de Vera

(PLEASE PRINT)

CCFFH Address:

1586 Moani St. Honolulu HI 96819

(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)(2)	I received a current APS/ CAN For CG#2 (HAM#1)	1/19/2023	I will make a reminder and put it on my phone for reminder one month prior to expiration.
4.(b)(8)	I obtain the Bloodborne Pathogens For CG#1 and #2	1/15/2023	I will make sure to get the bloodborne pathogens done before the expiration.
4.(c)	I received the 12 hr In Service For primary care giver and 8 hr For substitute caregiver of In Service.	1/16/2023	I will make sure to get In Service For CG [REDACTED] on time.
4.(a)	can't go back	1/15/2023	I will ensure CG#1 will lead Fire drill once a year
4.(b)(2)	can't go back	1/15/2023	I will make sure all caregivers are trained in emergency procedure
5.(c)(3)	I obtained a Dr's order	1/14/2023	I will ensure to get Dr's order and file in clients binder

☒ All items that were fixed are attached to this CAP

PCG's Signature:

[Signature]

Date: 1/24/2023

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Po Lim RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate:

Yolanda de Vera (De Vera's Foster)

CCFFH Address:

1586 Moani St. Honolulu HI 96819

(PLEASE PRINT)

(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)	I documented the MAR scheduled checklist.	1/17/2023	I will ensure that the MAR checklist get done daily and file in client's chart.
54(c)(6)	I will document MAR, Daily Vital Signs and daily task sheet for every month.	1/17/2023	I will ensure to document MAR, Daily Vital Signs and Daily task sheet daily. I will make a reminder and put it on my phone

☒ All items that were fixed are attached to this CAP

PCG's Signature:

[Signature]Date: 1/24/2023
☒ CTA has reviewed all corrected items