

Foster Family Home - Deficiency Report

Provider ID: 1-580888

Home Name: Azucena Luiz, CNA

Review ID: 1-580888-13

91-414 Papipi Drive

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 5/12/2023

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/12/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were expired for CG #1, #2, and #3, and HHM#1.
APS/CAN was due on or before 7/17/2020 for CG#1 and #3, and 12/10/2021 for CG#2.

8(c) State Name Check (eCrim) was lapsed for CG #1 and #3, and HHM#1. State Name Check (eCrim) was due on or before 6/5/2022 and was completed on 7/12/2022.

CG#2 ecrim expired on 3/3/2021 and is not present in the CCFFH file.

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.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG# 1. It expired on 6/6/2022, no new on file.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG #1, #2, and #3.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG #1, #2, and #3. CG #1, #2, and #3 requires 12 hours of in-service training, but had only zero hours attended in 2022-2023.

Foster Family Home - Deficiency Report

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

3P.a.4. CG#2 is missing job experience form.

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use or updated at the CCFFH.

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#2 and #3, No RN delegation present for Client#2 for CG #1 and #3.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) The CCFFH did not have evidence that CG #2 conducted a fire drill in the past 12 months.

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) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#2 and #3 did not recieved training for emergency preparedness plan and did not sign the acknowledgement form.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

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;

54.(c)(8) Personal inventory.

Comment:

54(c)(5) April and May 2023 for Client# 3 was not documented daily from 5/1/2023 to 5/11/2023.

54(c)(6) ADL flowsheet was not documented daily.

54.c.8. Client #1 and Client #2 personal inventory list are not completed at initial admission to present.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN / Po Lim

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

PCG's Name on CCFFH Certificate: Azucena Mae D. Luiz

(PLEASE PRINT)

CCFFH Address: 91-414 Papipi Drive Ewa Beach, Hawaii 96706

(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)	APS/CAN were generated on 10/26/22 for pcg and scg1 and scg 2 was requested but no result yet. It takes up to 14days.	06/06/23	Home will organize binder per table of content for easy access..
8.(c)	eCRIM for pcg/scg1 07/1/22 scg 05/23/23	06/06/23	Home will make sure that binder is organize per table of content.
41.(b)(7)	■CG and ■CG1 went to get TB test done.	06/03/23	Home will set a reminder on phone calendar 2 weeks prior to expiration.
41.(b)(8)	Training has been completed but certs were not on the right place.	03/07/23	Home will put certs in the right section of the binder as soon as training is completed.
41.(c)	In service were done .	Mar, Apr, May 2023	Home will put certs in order at all times.
(3P)(a)(4)	Job Experience 07/21/16 and ■ approval 08/21/08	06/05/23	Home will organize binder per table of contents and weed out old files.
(3P)(b)(2)	Can not be corrected.	05/22/23	Caregivers will sign in /sign out whenever on and off duty.

☒ All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 6/7/23

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN / Po Lim

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

PCG's Name on CCFFH Certificate: Azucena Mae D. Luiz

(PLEASE PRINT)

CCFFH Address: 91-414 Papipi Drive Ewa Beach, Hawaii 96706

(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?
43.(c) (3)	RN delegation completed.	06/06/23	Home will organize binder per table of content for easy access..
(3P)(b) (6)	CG #2 started doing fire drill started this month.	06/03/23	Home will designate caregivers to do monthly fire drill by setting it on phone calendar reminder.
50.(a)	Made all caregivers read, understand and acknowledge emergency policies.	05/31/23	Home will keep policies on the right section of the binder.

☒ All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 6/1/23

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN / Po Lim

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

PCG's Name on CCFFH Certificate: Azucena Mae D. Luiz

(PLEASE PRINT)

CCFFH Address: 91-414 Papipi Drive Ewa Beach, Hawaii 96706

(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)	Lapse can not be corrected.	05/12/23	Home will make sure to document on MAR daily as stated on RN delegation. Home will have to print the new MAR a week before the month ends and place it in the client's binder for timely documentation.
54(c) (6)	Lapse can not be corrected.	05/12/23	Home will make sure to print flowsheet a week before the month ends and place it in the right section of the binder for timely documentation.
54.c.8	Inventoried the clients personal belongings.	05/12/23	Home will take inventory of clients belongings at time of admittance and file it in the right section of their binder. Moving forward, home will complete and file documents in the identified section of the chart immediately upon completion.



All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 6/8/23



CTA has reviewed all corrected items