

Foster Family Home - Deficiency Report

Provider ID: 1-190070

Home Name: Ruby Lea Dela Cruz, CNA

Review ID: 1-190070-9

94-278 Loaa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/10/2023

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/10/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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.and 8.a.2. CG#3 (HHM#1) did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(h) CG #3 is not approved to work in a 3 bed CCFFH.

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#3 is missing job experience form.

3P.b.2. No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG #2, #3, #4 worked in a day or week.

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 #2 for CG# 2, 3, and 4.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(4) Fire shall include testing of smoke detectors

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

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year. CG#4 did not conduct fire drill for the past 12 months. Last fire drill was conducted on 11/5/2022, missing 12/2022 through 4/2023.

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 CG#4 missed EPP training.

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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;
54.(c)(5) Medication schedule checklist;
54.(c)(8) Personal inventory.

Comment:

54(c)(2) No signature of all parties for current service plan present for Client# 1.

54(c)(5) Missing medication documentation for Client #1 May 2023 MAR. No MAR present for May 2023 for Client#2.

54(c)(8) Client #1 and #2 did not have evidence that a personal inventory log has been initiated.



Compliance Manager


Primary Care Giver

5/10/23

Date
5/10/23

Date

Po Lim, RN

CTA RN Compliance Manager:

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

PCG's Name on CCFFH Certificate: Ruby Lea Dela Cruz, CNA

(PLEASE PRINT)

CCFFH Address: 94-278 Loaa St. 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?
8.a. 1.and 8.a.2.	Lapse cannot be corrected.	5/30/23	Will check the binder monthly and write note on all due dates on.
41.h.	CG #3 applied for 3Beds CCFFH substitute.	6/05/23	Faxed application waiting for the approval.
3P.a.4	CG #3 experience form filed in the binder.	5/15/23	CG#3 will make sure to keep his papers updated.
3P.b.2.	3-Bed sign out sheet is started. CG has only 2 clients for the past years. CG was just approved for 3 bed certified last year.	5/10/23	Will make sure to follow 3 beds requirements.
43.c.3.	Client #2 was just admitted when compliance manager visited the home.	5/11/23	CG #2,#3 and #4 will be advise ahead to appear on the time of admission day so the RN will delegate everyone.
3P.b. 1.2.4.6.	Lapse cannot be corrected. CG#4 conducted fire drill for the month of May.	5/11/23	Home will make a note in the calendar to conduct monthly, including testing of smoke detectors make sure be held at different times of the day, evening and night. Also, all CGs at least once per year.
50.a.	CG#2 and CG# 4 signed EPP training.	5/10/23	CG will make sure all GC's are sign and filed in the binder.

☒ All items that were corrected are attached to this POCPCG's Signature: 

Date: 06/07/2023

☒ CTA has reviewed all corrected items

101821 S. Young

Po Lim, RN

CTA RN Compliance Manager:

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

PCG's Name on CCFFH Certificate: Ruby Lea Dela Cruz, CNA

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CCFFH Address: 94-278 Loaa St. Waipahu Hawaii, 96797

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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.2.	Signed and placed in the binder.	6/3/23	I will check and let my Case Management Agency know to make sure all parties are sign in the service plan.
54.c.5.	Medication documentation for client#1 May 2023 MAR is done and placed into client binder. MAR for client #2 for MAY 2023 is placed into the client binder.	5/11/23	CG's will practice a daily sign in the MAR to prevent missing documentation.
54.c.8.	Client #1 and #2 personal inventory log is done and placed into clients binder.	5/15/23	Will make sure fill up the personal belongings of each clients and let the PAO sign the form.

☒ All items that were corrected are attached to this POCPCG's Signature: 

Date: 06/07/2023

☒ CTA has reviewed all corrected items