

Foster Family Home - Deficiency Report

Provider ID: 1-210071

Home Name: Victoria B. Baxa, CNA

Review ID: 1-210071-6

94-510 Hiahia Loop

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 5/25/2023

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 5/25/23).

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

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), (2)- CG#5 without the 1st and 2nd results of APS/CAN/Fingerprint. CG#4's Ecrim lapsed on 5/8/23 and no current result was present. CG#5's APS/CAN lapsed on 5/10/23 and no current result was present.

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)- CG#2 and CG#5 were without evidence of having been trained with the CCFFH's confidentiality policies and procedures and client privacy rights .

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

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)- No current basic first aid certifications were present for CG#1 and CG#2. CG#3's blood borne pathogen and infection control training lapsed on 3/27/23 and no current certificate was present.

41.(c)- CG#1 did not have 12 hours of the required 12 hours of annual in service for the year 2022; for the year 2023- lacked 8 more hours. CG#2 and CG#3 were both lacking 4 more hours of the required 8 hours of annual in-service for the year 2023.

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Foster Family Home

Fire Safety

[11-800-46]

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

Comment:

46.(b)(2)- CG#2 and CG#5 were without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3)- CCFFH without a call system/call bell for both Client #1 and Client #2. CG#1's bedroom was located at a distance from clients' bedrooms.

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:

50.(e)(2) Inspection of service sites;

Comment:

50.(a)- CG#2, CG#4, and CG#5 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

50.(e)(2)- CCFFH had a gate at the sidewalk. No gate buzzer/intercom was present.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #2's bedroom and bathrooms are supposed to allow clients to lock them from inside for privacy. There were no locks on any doors to allow clients to lock and unlock them.

Maikel Nakamura, RW
Compliance Manager

J. Bara
Primary Care Giver

5/25/23
Date

5/25/23
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: Victoria Barut Baxa

(PLEASE PRINT)

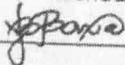
CCFFH Address: 94-510 Hiahia Loop Waipahu, Hawaii 96797

(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), (2)	CG #5 1st and 2nd results of APS/CAN/Fingerprint was obtained and input in PCG binder. CG #5 APS/ CAN had been lapsed and cannot be corrected. CG#4 E-Crim had been lapsed and cannot be corrected.	6/2/23	Home will use a wall calendar to put all due dates on. APS/CAN/Fingerprint and E-Crim will be done 2-3 months before due date to prevent future lapses.
16.(b)(5)	CG #2 and CG #5 had been trained for the CCFFH's confidentiality policies and procedures and client's privacy rights and place it to the binder.	5/26/23	Home will use a checklist to ensure that all training is conducted prior to adding on to CCFFH.
41.(b)(8)	CG #1 and CG #2 basic 1st aid and CG #3 Blood borne has been obtained and placed in the binder.	5/31/23	Home will use a wall calendar to put all due dates on. Basic First Aid and bloodborne pathogen will be done 2-3 months before due date to prevent future lapses.
41.(c)	CG #1 had obtained 12 hrs. and has been placed in the binder. CG #2 and CG #3 had been obtained 8 hrs. and has been placed in the binder.	6/2/23	Home will use a wall calendar to put all due dates on. In service will be done annually to prevent future lapses.
46.(b)(2)	CG #2 and CG #5 fire drill has been lapse of evidence within the 12 month calendar and cannot be corrected.	6/3/23	Fire drill will be done by each caregiver at least once a year. Home will develop a schedule and has it posted in the refrigerator.

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: 6/6/2023

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: Victoria Barut Baxa

(PLEASE PRINT)

CCFFH Address: 94-510 Hiahia Loop 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?
49.(b)(3)	CCFFH has obtained call bell for both Client #1 and #2.	5/27/23	CG1 will always make sure that the CCFFH and clients have a call system or call bell in case of any needs and emergencies.
50.(e)(2)	CG #2, #4,#5 has been trained for CCFFH,s Emergency Preparedness Plan.	5/31/23	CG1 will train all CG and HHM and file all necessary documents on CCFFH binder on a timely manner. The home will use a checklist to keep track of all documents.
50.(e)(2)	A new buzzer/intercom have been installed at the gate. Easily accessible for anyone coming to the home.	6/2/23	The CCFFH will maintain the door buzzer/intercom at the gate and ensure that they are working.
53.(b)(9)	Client #2 bedroom and the bathroom door knobs had been installed. Keys has been distributed to all clients and keep in their room. While the spare key is accessible in a drawer where all HHM and CG,s are aware.	5/27/23	The CCFFH will adhere to My Choice My Way rules for clients privacy rights.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 6/6/2023

CTA has reviewed all corrected items