

Foster Family Home - Deficiency Report

Provider ID: 1-562307

Home Name: Edgar Tuazon, CNA

Review ID: 1-562307-12

94-1117 Lumikuke Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/17/2023

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 date (issued on 5/17/23).

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#1's APS/CAN lapsed on 7/13/22 and no current result was present. CG#2 without a 2nd set of APS/CAN/Fingerprint result and APS/CAN lapsed on 4/1/23- no current result was present. HHM#2 without an APS/CAN/Fingerprint result.

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)- HHM#2 and HHM#3 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)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4)- CG#1 without an updated [REDACTED] Caregiver Disclosure form completed to reflect current number of household members. CG#3 without a [REDACTED] Caregiver Disclosure form completed/present.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

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

Comment:

(3P)(b)(2)Fire- No nighttime monthly fire drill present for the past 12 months.

Foster Family Home - Deficiency Report

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)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Records

[11-800-54]

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)(6)- No monthly RN visit summary present for the months of March 2023 and April 2023 in Client #1's chart/record.

Maribel Nakamine, RN 5/17/23
Compliance Manager Date
[Signature] 5/17/23
Primary Care Giver 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: EDGAR TUAZON
 (PLEASE PRINT)

CCFFH Address: 94-1117 Lumikuke Pl. 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)	CG#1 Obtained a current APS/CAN. Result was filed in Home binder.	6/6/23	Home will use a wall calendar or notification in my cell phone to put all due dates. Back ground checks will be done at least 4 weeks before due dates to prevent future lapse.
8.(a)(2)	CG#2 He decided to discontinued to be a substitute in my Home because were not using him.	5/19/23	CG1 filled a substitute Disclosure Forms and signed by CG1 and CG#2.
	HHM #2 Obtained a 1st APS/CAN/Fingerprinting due to her 18th ages . Result was filed in home binder.	6/6/23	Home will use a wall calendar to put all due dates on. Background checks will be done at least 4 weeks before due date to prevent future lapses.
16.(b)(5)	CG1 provided trained for HHM#2 and HHM#3 household members and signed the documents on their confidentiality policies and procedures and client privacy rights.	5/17/23	CG1 must trained all employees and Household member and signed the documents on their confidentiality policies and procedures and client privacy rights.
41.(b)(4)	CG#1 updated and completed the disclosure forms	5/17/23	CG1 always updated the Disclosure Forms any changes to all people in the Home.

All items that were corrected are attached to this POC

PCG's Signature: *Edgar Tuazon*

Date: 0621/23

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

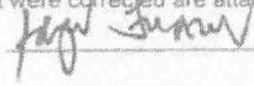
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PCG's Name on CCFFH Certificate EDGAR TUAZON
(PLEASE PRINT)

CCFFH Address 94-1117 LUMIKUKE PL 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?
(3P)(b)(2)	CG must held a fire-drill ones or twice a year and filled the form and place in the home binder.	6/1/23	Home held a fire drill ones or twice a year, make it sure ther is different time morning, afternoon, and Evening.
50.(a)	Emergency Preparedness Plan was done for CG#2. Trained and signed. It was place into home binder.	5/17/23	Home make it sure all the people trained and signed the Emergency Preparedness Plan Documents.
54.(c)(6)	RN Visits was furnish by CMA the month of March and April 2023. It was place into home binder.	5/17/23	Home will notify CMA office to provided a copy of any missings RN Visits summary.

All items that were corrected are attached to this POC

PCG's Signature 

Date: 06/21/23

CTA has reviewed all corrected items