

Foster Family Home - Deficiency Report

Provider ID: 1-180049

Home Name: Venus Nino, NA

94-1067 Kahuamoku Street

Waipahu

HI

96797

Review ID: 1-180049-9

Reviewer: Jackie Chamberlain

Begin Date: 5/22/2023

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) CCFFH inspection made for a 2 bed annual inspection. CCFFH is decreasing from 3 bed due to lack of CNA certificate

Deficiency Report issued during CCFFH inspection with plan of correction required, due to CTA within 30 days of inspection

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;

Comment:

8.(a)(1) HHM 2,4,5,6,7 have no background checks

Foster Family Home	Reporting Changes	[11-800-12]
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12.(4) In the household composition or structure of the home; and

Comment:

12.(4) CG 1 disclosure form does not include all HHM. 1 HHM is 19 and has not started process required as HHM

Foster Family Home	Information Confidentiality	[11-800-16]
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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 2,4,5,6,7 have no proof of confidentiality training

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) No proof of TB clearance that meets department standards for HHM 2,3,4,5,6,7

Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

Comment:

50(d) The CCFFH doorbell went unanswered for 7 minutes requiring yelling into the door the house to gain entry. A CG came to a different door but didn't allow entry to CCFFH until CG 1 opened the door after 7 minutes

Foster Family Home


Records


[11-800-54]

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


Comment:


54.(c)(3) Client # 1 has order for three times daily blood glucose monitoring. There is no proof from the blood glucose monitor that testing has been 3 times per day and written log entry are incorrect.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: Terri Van Houten RN / Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: VENUS V NINO

(PLEASE PRINT)

CCFFH Address: 94-1067 KAHUAMOKU STREET WAIPAHU HI 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)	HHM'S 2, 4 HAD BACKGROUND CHECKS DONE. HHM 5 IS A MINOR AND BACKGROUND CHECK NOT NEEDED. HHM'S 6,7 LIVE UPSTAIRS AND WILL SCHEDULE FINGERPRINT APPOINTMENT AND WILL GET RESULTS IN THE CCFFH HOME BINDER BY MY NEXT INSPECTION.	5/23/23 5/23/24	CCFFH [REDACTED] CG WILL ENSURE BACKGROUND CHECKS WILL BE COMPLETED AS SOON AS NEW HHM'S [REDACTED] CG ADDED. ALWAYS CHECK CCFFH BINDER FOR CTA LIST REQUIREMENTS USES REMINDER NOTES IN MY CP /POSTED TO WALL..

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 06/15/23

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN / Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: VENUS V NINO

(PLEASE PRINT)

CCFFH Address: 94-1067 KAHUAMOKU STREET WAIPAHU HI 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?
12,(4)	HHM'S 19 YEARS OLD WAS ADDED TO █CG DISCLOSURE FORM OBTAINED AND PLACED TO CCFFH HOME BINDER.	5/23/23	CCFFH █CG WILL ENSURE 18 YEARS OLD AND ABOVE AT CCFFH HOME NEEDS TO BE ADDED TO CCFFH DISCLOSURE FORM REQUIREMENTS ALWAYS CHECKED/REVIEW CTA CHECKLIST CCFFH BINDER.
16,(b) (5)	2, 4 HHM'S RECIEVED CONFIDENTIALITY TRAINING AND SIGNED ACKNOWLEDGE FORM AND 6,7 HHM'S RECIEVED CONFIDENTIALITY TRAINING AND SIGNED ACKNOWLEDGEMENT FORM AND PLACED IN CCFFHOME BINDER.	5/23/23 6/13/23	CCFFH █CG WILL ENSURE CONFIDENTIALITY TRAINING WILL BE COMPLETED AS SOON AS NEW HHM'S █CG ADDED. ALWAYS CHECK CCFFH BINDER FOR CTA LIST REQUIREMENTS USES REMINDER NOTES IN MY CP /POSTED TO WALL..
41,(f) (6)	HHM'S 2, 19 YEARS OLD OBTAINED TB HEALTH CLEARANCE WITH DOCUMENTATION IN CCFFH BINDER, HHM'S 3,4,5,6,7 MEETS EXCLUSIONS CRITERIA FOR TB CLEARANCE THEY DONT HAVE CONTACT TO PATIENTS AND NOT SHARE PATIENTS AREA AIR SPACE AND NO ACCESS TO PATIENT PLACED.	5/23/23 6/13/23	█CG CCFFH WILL ENSURE TB HEALTH CLEARANCE REQUIREMENTS FOR HHM'S █CG STAFF WHO HAVE CONTACT/ACCESS TO CCFFH HOME PATIENTS WILL DONE IN TIMELY FASHION. USE POST NOTES FRONT OF BINDER OR POSTED TO WALL FOR REMINDER.

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PCG's Signature: 

Date: 06/15/23

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN / Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: VENUS V NINO

(PLEASE PRINT)

CCFFH Address: 94-1067 KAHUAMOKU STREET WAIPAHU HI 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?
50, (d)	■ CG NEW DOORBELL FRONT & BACK DOOR INSTALLED.	5/31/23	CCFFH HOME ■ CG WILL ENSURE ALWAYS CHECKED AND AWARE IF DOORBELL IS WORKING AND IF NEEDS FURTHER ATTENTION FOR VISITORS ACCESS AT HOME.
54,(c) (3)	■ CG OBTAINED PATIENT#1 BLOOD GLUCOSE MONITOR PCP MEDLIST ORDERS ON.... COPIES NOT EXACTLY SEEN. ■ PCG REQUESTED TO CASE MANAGEMENT TO HAVE A COPY OF CLIENT GLUCOSE MONITORING WRITTEN LOG AND OBTAINED SITTING UP GLUCOSE MONITOR PROGRAM MONTH, DATE, YEAR AND TIME WAS PROGRAM UPDATED.	5/29/23	■ CG WILL ENSURE BLOOD GLUCOSE MONITORING MATCHES TO ALL RECORDS FROM WRITTEN LOGS AND GLUCOSE MONITOR FOR PATIENTS SAFETY AND TAKE BLOOD GLUCOSE MONITOR IN TIMELY PER. PCP ORDERS AND ALWAYS UPDATED PCP ORDERS AND COMMUNICATE WITH CASE MANAGEMENT FOR ANY CHANGES AND NEEDS FOR PATIENTS.

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PCG's Signature: 

Date: 06/15/23

☒ CTA has reviewed all corrected items