

# Foster Family Home - Deficiency Report

Provider ID: 1-631300

Home Name: Mary Jane Dela Pena, CNA

Review ID: 1-631300-15

94-1336 Huakai Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 9/5/2023

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 9/5/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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.

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.

41.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 5. CG# 5 requires 8 hours of in-service training, but had only 6 hours attended in 2022.

41.h. HHM #2 is not an approved [REDACTED] caregiver.

41.j and 41.j.2. PCG was absent from the house without an approved [REDACTED] caregiver present.

41.(j)(3) It took CTA more than 15 minutes to gain access to the CCFFH. CTA knocked repeatedly, checked around the perimeter of the structure, and called the CG#1's phone numbers to obtain entrance into CCFFH.

# Foster Family Home - Deficiency Report

## 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, #4, and #5. CMA RN did not train nor sign the delegating form.

## 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;

Comment:

54(c)(2) No current service plan present for Client #2. Missing service plan for 7/2023.

Compliance Manager

Primary Care Giver

Date

Date