

Foster Family Home - Deficiency Report

Provider ID: 1-591372

Home Name: Marylo Farinas, CNA

Review ID: 1-591372-15

91-1057 Aeae Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 9/12/2023

| 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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 9/12/2023 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.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 3 (HHM#1). CG# 3 (HHM#1) TB clearance was due on/before 07/29/2023.

| Foster Family Home | Client Care and Services | [11-800-43] |
|--------------------|--------------------------|-------------|
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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 #1 and Client #2 for CG# 4.
No RN delegation present for Client #3 for CG#2, #3, #4.

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

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

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

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly and to included each CG at least once per year.
CG#4 did not conduct a fire drill in the past 12 months. Fire drills for May 2023 and August 2023 is missing from the file.
Last fire drill documented was on 7/21/2023.

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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. Missing caregivers (#2, #3, #4) EPP training acknowledgement.

Foster Family Home


Records

[11-800-54]

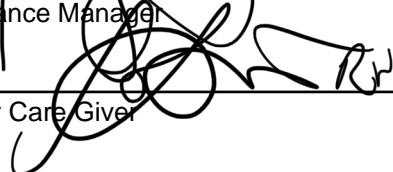
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

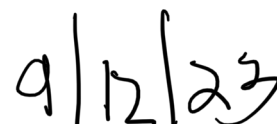
54(c)(2) No current signature of the client/POA for the service plan present for Client# 1.



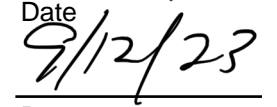
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Terri Van Houten RN / Po Lim

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

PCG's Name on CCFFH Certificate: Marylo N Farinas

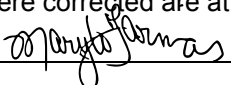
(PLEASE PRINT)

CCFFH Address: 91 1057 Aeae Street, Ewa Beach HI 96706

(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? |
|--------------------|---|-------------------------------|---|
| 41.(b)(7) | 2023 TB Clearance was obtained for █CG#3 and it was placed into home record. (see attached TB Clearance) | 9/15/23 | Home will use a spreadsheet on laptop to identify when requirements are due to prevent from expiring. █CG1 will inform █CG's when any requirement is due 4 weeks before due date. |
| 43.(c)(3) | RN Delegation was done for █CG#4 by the client's CMA. It was place into the client binder. RN Delegation was also done for █CG #2, #3, & #4 by client's CMA and it was also place into the clients binder. | 9/29/23 | Home will notify client's CMA that RN delegation needs to be done within 10 days of a caregiver being added to the home. |
| (3p)(b) (1) (6) | Lapse cannot be corrected. █CG #4 Conducted Fire Drill and document was filed into the home record. | 9/22/23 | Home will use a Fire Drill Schedule and post on the wall. █CG1 to remind to the next conductor 3 days before the drill. |

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/4/2023

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN / Po Lim

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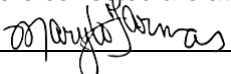
(PLEASE PRINT)

CCFFH Address: 91 1057 Aeae Street, Ewa Beach HI 96706

(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.(a) | Internal emergency management policy was placed into home binder. ■CG#2, #3, & #4) were trained in emergency management. | 9/15/23 | Home will use a spreadsheet on laptop to identify when requirements are due when a new ■CG ¹ starts at the home. |
| 54.(c)(2) | Service plan for client #1 was signed by the POA. | 9/29/23 | Home will notify client's POA to review and sign service plan any time a new one is given. |

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/4/2023

☒ CTA has reviewed all corrected items