

Foster Family Home - Deficiency Report

Provider ID: 1-220007

Home Name: Arvin-Lawrence C. Cardenas,
RN

1853A Makuahine Place

Honolulu

HI

96817

Review ID: 1-220007-5

Reviewer: Maribel Nakamine

Begin Date: 11/6/2023

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 (issued on 11/6/23).

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#3's APS/CAN/Fingerprint result lapsed on 3/18/23 and was not done until 4/13/23; CG#3's result was more than 6 months as CG#1 requested to increase to a 3-client CCFFH. HHM#2, HHM#3, and HHM#4's APS/CAN/Fingerprint results lapsed on 3/18/23 and were not done until 4/13/23.

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)- There is no lock from the inside in clients' bathroom doorknob. Clients' bathroom is supposed to allow clients to lock it from the inside for privacy.

Maribel Nakamine, RN 11/6/23

Compliance Manager

Date

[Signature]

Primary Care Giver

Date

11/6/23

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: ARVIN-LAWRENCE CARDENAS

(PLEASE PRINT)

CCFFH Address: 1853A MAKUAHINE PLACE HONOLULU HAWAII 96817

(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)	Lapse can not be corrected	11/7/2023	Home will utilize a Calendar and an Excel spread sheet to put all due dates on. By creating a spread sheet for each caregiver and household member will prevent from lapsing. CG#3 scheduled for fingerprinting 11/7/2023 at 14:00 Please see attached receipt. Will email a copy if finger print once resulted.
53.(b)(9)	Door knob was changed with lock. Please see attached picture		Home will keep in track with the guidelines.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 11/07/2023

☒ CTA has reviewed all corrected items