

Foster Family Home - Deficiency Report

Provider ID: 1-622490

Home Name: Josefa Badua, LPN

Review ID: 1-622490-18

1840 Kamehameha IV Road

Reviewer: Maribel Nakamine

Honolulu HI 96819

Begin Date: 10/9/2023

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- 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 10/9/23).

6.d.1- Client #1's 1147 lapsed on 1/13/23 and no current 1147 was present in chart/record.

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;

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 9/27/23; Ecrim lapsed on 8/16/23. No current results were present. CG#2, CG#3, HHM#3, and HHM#4's Ecrims all lapsed on 9/9/23. All were without the current results present. HHM#7 without any APS/CAN/Fingerprint result.

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)- No confidentiality policies and procedures and client privacy rights training present for CG#2, CG#3, CG#5, HHM#3, HHM#4, HHM#5, HHM#6, and HHM#7.

Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
41.(a)(3)	Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and	
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).	
41.(b)(5)	Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.	
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and	
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.	
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.(g)	The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.	

Comment:

- 41.(a)(3)- No Job Experience form completed/present for CG#5.
 41.(b)(4)- CG#1's Primary Caregiver Disclosure form was not updated to reflect current household members in the CCFFH.
 41.(b)(5)- No Alternate Transportation form completed.
 41.(b)(7)- CG#5's TB clearance lapsed on 4/9/15 and no current clearance was present.
 41.(b)(8)- CG#5's blood borne pathogen and infection control training certificate lapsed on 6/1/22 and no current certificate was present.
 41.(c)- No annual in services hours were present for CG#5 for the year 2022 & 2023.
 41.(g)- No basic skills checklist completed for CG#5 in Client #1's chart/record.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
(3P)(b)(2) Staff	Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.	

Comment:

- (3P)(b)(2)Staff- No current Sign In/Out Sheet present. Last documented was on 1/20/20.

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 delegations present for CG#5 in Client #1's chart/records.

Foster Family Home - Deficiency Report

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) Fire- No monthly fire drills present for the past 12 months. CG#1, CG#2, CG#3, and CG#5 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(c)(3)- Client #1's bedroom with a strong urine odor. Client's bedside commode with dark yellow colored urine with foul smelling urine.

49.(e)- CCFFH without a smoking policy present.

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)- No Emergency Preparedness Plan in the CCFFH. CG#2, CG#3, and CG#5 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- No automobile policy present.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15)- CCFFH without a visiting policy present.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

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

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.(a)(3)- No list of community resources.

54.(c)(2)- Client #1's Service Plan dated 7/4/23 without the client/POA's signature.

54.(c)(6)- No monthly RN Summary Visit for the months of January 2023, February 2023, April 2023, May 2023, August 2023, and September 2023 for Client #1.

Maribel Nakamine, RN 10/9/23
Compliance Manager
Josefa B. Cordero 10/9/23
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Josefa Badua, LPN

(PLEASE PRINT)

CCFFH Address: 1840 Kamehameha IV Rd. Honolulu, HI. 96815

(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?
6(d)(1)	Informed and obtained from [REDACTED] Case Management Agency, Inc. the 1147 of Client#1 dated 07/27/2023	10/9/2023	CG#1 will remind CMA visiting nurse to update client's records on chart when it's due during monthly visit.
8(a)(1), (2)	Renewed APS/CAN and Ecrim of CG#1, CG#2, CG#3, HHM#3, HHM#4, and HHM#7 on 10/25/2023 and filed on binder.	10/25/23	Mark calendar on the wall when time to renew APS/CAN and Ecrim for all CGs and HHMs as a reminder.
16(b)(5)	Confidentiality policies and procedures and client privacy rights training signed by CG#2, CG#3, CG#5, HHM#3, HHM#4, HHM#5, HHM#6 and HHM#7 and filed on binder.	10/9/2023	Arrange [REDACTED] CG binder according to [REDACTED] recommendation all the time.
41(a)(3)	Job experience form completed and filed on binder for CG#5.	10/9/2023	CG#1 to make sure all requirements of [REDACTED] CGs complete and filed on binder.
41(b)(4)	CG#1 Disclosure Form updated to current number of HHMs.	10/9/2023	CG#1 has to make sure all papers are updated and filed on binder.
41(b)(5)	Completed Alternate Transportation Form and filed on binder.	10/9/2023	CG#1 needs to file and arrange all requirements per [REDACTED] recommendation.
41(b)(7)	CG#5 TB Clearance obtained and filed on binder.	11/9/2023	CG#1 will mark calendar on the wall when to update all requirements of [REDACTED] CGs and file on binder.
41(b)(8)	CG#5 updated Bloodborne Pathogen and Infection Control Training Certificate obtained and filed on binder.	10/1/2023	CG#1 will make sure to arrange binder according to [REDACTED] recommendation for visibility during unannounced visits.

☒ All items that were corrected are attached to this POC

PCG's Signature: Josefa Badua

Date: 11/8/2023

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Josefa Badua, LPN

(PLEASE PRINT)

CCFFH Address: 1840 Kamehameha IV Road, Honolulu, Hawaii 96819

(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(c)	Lapse cannot be corrected. 2023 inservice on file on binder during CTA visit.	10/9/2023	Arranged CCFFH binder per [REDACTED] recommendations for visibility during unannounced visits.
41(g)	Client #1 pass away.	11/9/2023	CG#1 will notify client's CMA that RN delegation needs to be done within 3 days of a caregiver being added to the home. [REDACTED] CG will be delegated prior to providing care to clients.
(3P)(b)(2)	Filed Sign In/Out sheet on CCFFH binder	10/9/2023	Make sure Sign In/Out sheet is signed by [REDACTED] CG whenever CG#1 is not home.
43(c)(3)	Client #1 pass away	11/9/2023	CG#1 will notify client's CMA that RN delegation needs to be done within 3 days of a caregiver being added to the home. [REDACTED] CG will be delegated prior to providing care to clients.
(3P)(b)(1)(6)	Fire drills done alternately every month by CG#1, CG#2, CG#3, and CG#5 and filed on CCFFH binder.	10/9/2023	CG#1 to make sure CCFFH binder is arranged per [REDACTED] recommendation for visibility of all pertinent papers during [REDACTED] visit.
49(c)(3)	Cleaned bedside commode of client#1 in her room	10/9/2023	CG#1 to check bedside commode every 2 hours and to empty urine as needed as client's urine has strong odor.
49(e)	Smoking policy in place on property	10/9/2023	Smoking policy must be in place all the time.

☒ All items that were corrected are attached to this POC

PCG's Signature: Josefa Badua

Date: 1/3/2024

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Josefa Badua, LPN

(PLEASE PRINT)

CCFFH Address: 1840 Kamehameha IV Road, Honolulu, Hawaii 96819

(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)	Emergency Preparedness Plan in the CCFFH and signed by all caregivers.	10/9/2023	Make sure Emergency Preparedness Plan signed by all caregivers all the time and placed in binder and visible hallway.
51(a)(2)	Automobile Insurance Policy filed on CCFFH binder	10/9/2023	Make sure Automobile Insurance Policy filed on CCFFH binder always.
53(b)(15)	Visiting policy file on CCFFH binder.	10/9/2023	Arranged and filed all papers according to [REDACTED] recommendation for visibility during visits.

☒ All items that were corrected are attached to this POC

PCG's Signature:

Josefa Badua

Date: 1/3/2024

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Josefa Badua, LPN

(PLEASE PRINT)

CCFFH Address: 1840 Kamehameha IV Road, Honolulu, Hawaii 96819

(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?
54(a)(3)	Community Resources filed on CCFFH binder	10/9/2023	CG#1 will always arrange papers per [REDACTED] recommendation for visibility during visits.
54(c)(2)	Obtained signature on service plan of POA of client #1 and filed on chart.	11/9/2023	Make sure all signatories on charts sign pertinent papers on a timely manner.
54(c)(6)	Obtained RN Summary Visit for client #1 for January 2023, February 2023, April 2023, May 2023 and filed on client's chart.	11/9/2023	CG#! to obtain monthly RN summary visit right away and file in client's chart.

☒ All items that were corrected are attached to this POC

PCG's Signature: Josefa Badua

Date: 11/8/2023

☒ CTA has reviewed all corrected items