

Foster Family Home - Deficiency Report

Provider ID: 1-230041

Home Name: Aprilly Ramos, CNA

Review ID: 1-230041-3

94-1135 Awalai Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 2/9/2024

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 2/09/2024).

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

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.(g): No evidence by CCFFH of basic caregiver skills for client #2's case management agency for CG#3. No documentation provided by CCFFH.

41.(b)(8): No evidence by CCFFH of current blood pathogen and infection control training completed within the past 12 months for CG#2 and CG#3. No documentation provided by CCFFH.

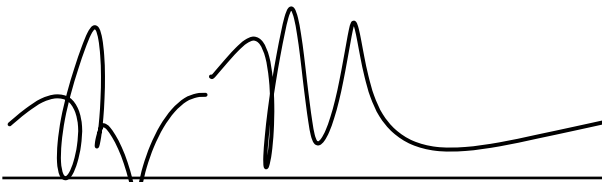
41.(c): No evidence of completion of minimum required hours of annual inservice training for CG#2 and CG#3. No documentation provided by CCFFH.

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 evidence by CCFFH of RN delegations for client #2's case management agency for CG#2. No documentation noted.



Compliance Manager



Primary Care Giver

2/9/24
Date
2/9/24
Date

2/9/2024 3:00:48 PM

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Aprilly Ramos
(PLEASE PRINT)

CCFFH Address: 94-1135 Awalai St., 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?
41.(b)(8)	Obtained documentation of current training in Bloodborne Pathogen and Infection Control for CG #2 and CG #3.	02/22/24	Home will use a wall calendar to remind us of renewals for the annual Bloodborne Pathogen and Infection Control training.
41.(c)	CG #2 and CG #3 has taken the required number of hours for annual inservice training.	02/13/24 02/19/24	Home will use a wall calendar to remind us of renewals for the annual inservice training.
41.(g)	CG #3 now has RN basic caregiver skills check for Client #2's case management agency. It was placed into the client record.	02/08/24	CMA RN will schedule caregiver skills check for all CG's within 7 days of caregiver being added to the home or upon new admission.
43.(c)(3)	RN Delegation was done for CG #3 by Client #2's CMA. It was placed into the client record.	02/08/24	Home will notify client's CMA that RN Delegation needs to be done within 7 days of a caregiver being added to the home.

All items that were corrected are attached to this POC

PCG's Signature: Aprilly Ramos

Date: 2-28-2024

CTA has reviewed all corrected items