

Foster Family Home - Deficiency Report

Provider ID: 1-200010

Home Name: Hector Arubio, CNA

Review ID: 1-200010-11

94-1122 Kahuamo Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 2/16/2024

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 2/26/2024).

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;

Comment:

8.(a)(1): Evidence of a criminal charge for CG#1 in current ecrim report with no evidence of exemption. No documents of exemption provided by CCFFH.

8.(a)(1): No evidence by CCFFH of 2 sets of fingerprints for HHM#1. Documents provided by CCFFH show only 1 set completed.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(b)(3): No documentation provided by CCFFH of client #1 informed of CCFFH's confidentiality practices.

16.(c)(1): No evidence by CCFFH of client #1 authorize use or disclosure of client's information. No documentation provided by CCFFH.

Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 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.(b)(7): No evidence by CCFFH of TB clearance prior to 7/21/2023 for CG#1. No documentation provided by CCFFH.
- 41.(b)(7): Evidence by CCFFH of lapse of TB clearance for CG#2. Documents provided by CCFFH show lapse from 6/18/2022 to 4/05/2023.
- 41.(b)(8): No evidence by CCFFH of CG#2 being currently certified for first aid training. Documents provided by CCFFH show first aid certification expired 7/2023.
- 41.(b)(8): No evidence by CCFFH of bloodborne pathogen and infection control training completed in the past 12 months for CG#1 and CG#2. No documentation provided by CCFFH.
- 41.(c): No evidence by CCFFH of CG#1 completing minimum 12 hours of annual in-service training in 2023. No documents provided by CCFFH.
- 41.(g): No evidence by CCFFH of basic caregiver skills were checked for CG#2 regarding client #2 by client's case management agency. No documentation provided.

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.

- 43.(c)(3): No evidence by CCFFH of RN delegations were given to by client #3's case management agency for CG#2. No documentation provided by CCFFH.

Foster Family Home	Grievance	[11-800-45]
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- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

- 45.(1)(2)(3): No evidence by CCFFH of client #1 being informed of grievance policy/procedure or given a copy of the policy/procedure. No documentation provided by CCFFH.

Foster Family Home - Deficiency Report

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a): No evidence by CCFFH of fire drills were conducted monthly. No documentation provided by CCFFH of fire drills were conducted in 3/2023 and 4/2023.

46.(b)(1): Evidence by CCFFH of fire drills taking up to 30 minutes to have clients evacuated from home. Concerns of safely evacuating clients safely with only 1 CG and no household members at home during inspection.

46.(b)(2): No evidence by CCFFH of CG#2 conducting a fire drill in the past 12 months. No documentation provided by CCFFH.

Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a): No evidence by CCFFH of who is financially responsible for client #1's personal funds. No documentation provided by CCFFH.

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1): No non-slip surface mat located in client's shower area.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): No evidence by CCFFH of proof of liability insurance for CG#1 and CG#2 prior to 10/09/2023. No documentation provided by CCFFH.

Foster Family Home Client Rights [11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a): No evidence by CCFFH of client #1 informed of their client rights. No documentation provided by CCFFH that was reviewed by client #1.

Foster Family Home - Deficiency Report

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 documents provided by CCFFH of client #2 and #3's current service plan. Unable to review current services that need to be provided by CCFFH. Client #2's last documented service plan provided by CCFFH dated 2/2023. Client #3's last documented service plan provided by CCFFH dated 7/2023.



Compliance Manager



Primary Care Giver

2/26/24
Date
2/26/24
Date

2/26/2024 2:50:37 PM

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Hector Abinojar Arubio

(PLEASE PRINT)

CCFFH Address: 94-1122 Kahuamo street, 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?
8.(a)(1)	PCG obtained HHM #1 2nd set of fingerprint on 03/19/24 and ecrim on 2/8/24 and filed on CCFFH binder.	03/19/24	Home will use a wall calendar to put all due dates on. Fingerprint will be done at least 2 weeks before due date to prevent future lapses.
8.(a)(1)	CG#1 eCrim results had a red light and obtained fingerprint on 4/3/24 which indicated a Green light and filed on the CCFFH binder.	04/04/24	CG#1 will continue to obtain fingerprints every two years to verify a continued green light.
16.(b)(3)	CCFFH confidentiality practices filed on client #1 binder.	03/06/24	Home will notify client #1's CMA to informed patient of confidentiality practices of CCFFH needs to be done upon client's admission.
16.(c)(1)	Authorize use or disclosure of client's information is obtained and filed in client #1 binder.	03/06/24	PCG will notify client #1's CMA to informed patient of disclosure of client information that needs to be done upon client's admission.
41.(b)(7)	TB clearance for CG#1 & CG#2 is obtained and filed chronologically in the CCFFH binder.	03/13/24	Home will use spreadsheet on laptop to identify when requirements are due to prevent them from expiring in the future.
41.(b)(8)	CG#1 & CG#2 First Aid Training, Bloodborne Pathogen & Infection Control is obtained and filed on CCFFH binder.	03/13/24	Home will use spreadsheet on laptop to identify when requirements are due to prevent them from expiring in the future.
41.(c)	CG#1 Annual In-Service Training certificate in 2023 is obtained and filed in the CCFFH binder.	02/26/24	Home will use a wall calendar to put all due dates on. Annual in-service training will be done atleast 1month before due date to prevent future lapses.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 4/5/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Hector Abinojar Arubio
(PLEASE PRINT)

CCFFH Address: 94-1122 Kahuamo street, 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.(g)	CG #2 basic caregiver Skills Checklist for Client #2 is obtained and signed & filed in client record.	03/01/24	PCG will notify CMA that all scg's needs to signed to basic caregiver skills checklist upon clients admission.
43.(c)(3)	CG #2 RN delegation basic skills for Client #2 signed, obtained & it was placed into the client binder.	03/01/24	Home will notify client's CMA that RN delegation for all scg's needs to be done upon clients admission all the time.
45.(1)(2)(3)	Client #1 informed of grievance policy procedure is obtained & filed on CCFFH binder.	03/13/24	PCG will notify client's CMA to inform client#1 of grievance policy procedure upon admission always.
46.(a)	Fire drills conducted on March and April 2023 were obtained and filed in CCFFH record.	2/27/24	Home will use a wall calendar to put all due dates on. Fire drills will be done at least 2 days before due date to prevent future lapses all the time.
46.(b)(1)	Performed Fire drills and evacuate clients as fast as possible for safety purposes.	02/27/24	PCG will use a stopwatch to ensure quicker evacuation time for not morethan 2mins to all clients during fire drills for safety purposes.
46.(b))(2)	CG #2 conducted fire drill on 03/06/24 obtained and filed in CCFFH records.	03/06/24	PCG will randomly ask all scg's to perform fire drills always.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 4/5/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Hector Abinojar Arubio

(PLEASE PRINT)

CCFFH Address: 94-1122 Kahuamo street, 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?
48.(a)	Client #1 personal fund record is obtained and filed on client's binder.	03/13/24	Home will notify client's CMA that personal fund record for client #1 needs to be done and acquire a copy form the CMA upon admission.
49.(a)(1)	Non-skid surface mat is installed in the client's shower area.	02/27/24	PCG will ensure to provide non-skid surface mat in all bathrooms shower area always.
51.(a)(1)	Proof of liability insurance prior to 10/09/23 for CG #1 and CG #2 is obtained and filed in CCFFH binder.	02/29/24	Home will use a wall calendar to put all due dates on. Liability insurance will be done at least 1 week before due date to prevent future lapses.
53.(a)	Client #1 was informed of client's rights & filed on client record.	03/13/24	PCG will notify client's CMA that Client's rights for client #1 needs to be done upon admission.
54.(c)(2)	Updated service plans of clients #2 and #3 were obtained and filed in their respective binders.	03/13/24	PCG will notify CMA and/or visiting nurse to update servive plans atleast 3 weeks prior to its due date.

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: _____

4/5/24

CTA has reviewed all corrected items