

Foster Family Home - Deficiency Report

Provider ID: 1-563264

Home Name: Melanie Badua, CNA

Review ID: 1-563264-15

1415 Auld Lane

Reviewer: Po Lim

Honolulu

HI 96817

Begin Date: 3/8/2024

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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 3/8/2024 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.(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.

Comment:

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, CG#2, and CG#3.

CG#1 requires 12 hours of in-service training, but had only 9 hours attended in 2023.

CG#2 requires 12 hours of in-service training, but had only 5 hours attended in 2023.

CG#3 requires 12 hours of in-service training, but had only 5 hours attended in 2023.

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) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG#3 (NA) worked in a day or week.

Compliance Manager

Primary Caregiver

Date

Date

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: Melanie P. Badua
(PLEASE PRINT)

CCFFH Address: 1415 Auld Ln. Honolulu, Hi 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?
41.(c)	We received the correct information from [redacted] reviewer [redacted] on how much hours are required for each CG.	03/08/24	We will input reminder & multiple alerts throughout year with notes of how much hours are needed for in service for each CG & make check list of how much hours are done and needed for each.
(3P)(b) (2)	Printed out sign in/out sheet from [redacted] website.	03/08/24	Will keep a binder for sign in/out sheets by front door.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 03/08/24

CTA has reviewed all corrected items