Foster Family Home - Deficiency Report

Provider ID: 1-130005

Home Name: Redentor Rous, CNA Review ID: 1-130005-15

91-829 Kimopelekane Road Reviewer: Po Lim

Ewa Beach HI 96706 Begin Date: 2/13/2024

| 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.

Client #1 is missing form 1147.

Deficiency Report issued during CCFFH inspection via email on 2/13/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

| Foster Family | Home Background Checks | [11-800-8] |
|---------------|--|---|
| 8.(a)(1) | Be subject to criminal history record chec | ks in accordance with section 846-2.7, HRS; |
| 8.(a)(2) | Be subject to adult protective service per | petrator checks if the individual has direct contact with a client; and |
| Comment: | | |

8.(a)(1) Second Fingerprint check is overdue for HHM#1 and HHM#2, was due on/before 9/13/2018.

8(a)(2) APS/CAN checks were lapsed for CG#1, #2, #3, #4, and HHM#4. APS/CAN was due on or before 5/10/2023 and was completed on 10/3/2023.

Foster Family Home - Deficiency Report

| Foster Family H | ome 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)(7) | Have a current tuberculosis clearance that meets departme | nt guidelines; and |
| 41.(b)(8) | Have documentation of current training in blood borne path- resuscitation, and basic first aid. | ogen and infection control, cardiopulmonary |
| Comment: | | |

Comment:

41(a)(3) No job experience form present for CG #2, #3, and #4.

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG#1, #2, #3, and #4. CTA was unable to determine the validity of the TB clearance from 1/2024 for CG#1, CG#2, CG#3, and CG#4 due to documents appears to be a duplicate of a previous form.

41.(b)(8) CCFFH lapse on current CPR/First Aid training for CG#2. It was due on/before 4/13/2023, and was done on 2/8/2024. BloodBorne Pathogen and I/C were lapsed by CG#1, CG#3, and CG#4. It was due on/before 4/26/2023 but was completed on 2/1/2024.

[11-800-43] **Foster Family Home Client Care and Services** Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may 43.(c)(3) delegate client care and services as provided in chapter 16-89-100. Comment:

43.(c)(3) No RN delegation present for Client #2 for CG# 4.

| 3 Person Fire Safety, Natural Disaster | | 3 Person Fire Safety | (3P) Fire |
|---|-------------|---|--|
| (3P)(b)(2) Fire Comment: | shall be he | eld at different times of the day, even | ing, and night |
| (3P)(b)(2) The Cevening, and nig | | not have evidence that fire drills h | ad been conducted monthly at different times of the day, |

| Foster Family Ho | ome Records | [11-800-54] |
|------------------|---|---|
| 54.(c)(2) | Client's current individual service plan, and when appropriate, | a transportation plan approved by the department; |
| 54.(c)(8) | Personal inventory. | |
| Commont: | | |

54(c)(2) No current service plan present for Client#1 and Client #2. Last one in record is dated 2/13/2023 and 1/8/2023, respectively.

54(c)(8) Client# 1 did not have evidence that a personal inventory log has been initiated and/or maintained.

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Po Lim RN

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

PCG's Name on CCFFH Certificate: REDENTOR ROUS

(PLEASE PRINT)

CCFFH Address:

91-829 Kimopelekane Rd, Ewa Beach, HI 96706

(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 | Home inform client #1 CMA that her binder is missing the 1147 and placed into client binder. | 2/29/24 | Home will also look on client binder if 1147 are all on file and will notify CMA as soon as possible. |
| 8.a.1 | Fingerprint has been ordered 02/19/24 and appt on 02/20/24 by HHM#1 and HHM#2. The next one will be on 02/05/25. | 2/20/24 | Home will make a calendar of schedules for all the required yearly examinations need for all household members and caregivers. Schedules should be done atleast two weeks before due date. |
| 8.a.2 | Lapse cannot be corrected | 2/13/24 | Home will use a wall calendar to put all due dates on APS/CAN and should be done at least two or three weeks before due date to prevent future lapses. |
| 41.a.3 | Home update job experience form for CG #2, #3, and #4 | 2/14/24 | Home will not remove job experience form in the binder so it will be available anytime for review. |
| 41.b.7 | Current TB clearance was obtained for CG#1, CG#2, CG#3 and CG#4. It was placed into home record. | 2/14-28/ 2024 | Home will obtained a clear copy of TB clearance and place in the home record |

| ☑ All i | tems that were sorrected are attached to this POC | | -11 |
|------------|---|-------|----------|
| PCG's Sigr | pature: | Date: | 3/1/2024 |

Community Care Foster Family Home (CCFFH) Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: REDENTOR ROUS

CCFFH Address:

91-829 Kimopelekane Rd, Ewa Beach, HI 96706

(PLEASE PRINT)

(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 | Lapse cannot be corrected | 2/13/24 | Home will use a wall calendar to put all due dates on CPR/First Aid training, BloodBorne Pathogen and I/C and will be done at least one month before due date to prevent future lapses. |
| 43.c.3 | RN Delagation was done for CG#4 for client #2 by the client CMA. It was placed into the client record | 3/1/24 | Home will notify clients CMA that RN delagation needs to be done as soon as possible for a caregiver being added to the home |
| 3P.b.2 | Past fire drills cannot be corrected | 3/1/24 | Primary caregiver must train all caregivers to conduct fire drills monthly at different times of the day, evening, and night not the same time. |
| 54.c.2 | Current service plan of Client #1 and Client 2 was sent by the clients CMA and it was placed into the clients record. | 2/27/24 | Home will notify clients CMA that service plan is not updated. |
| 54.c.8 | Personal Inventory list of Client #1 was placed into the clients record. | 2/13/24 | Personal inventory log of clients should be keep and maintained on the clients binder. Home will use a wall calendar to put all due dates on |

| All items that | at we corrected are attached to this POC | | 1.1. |
|------------------|--|-------|----------|
| PCG's Signature: | JD - | Date: | 3/1/2024 |