

Foster Family Home - Deficiency Report

Provider ID: 1-180069

Home Name: Almira Shibata, NA

Review ID: 1-180069-13

94-402 Hamau Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 6/10/2024

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 6/10/24).

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;

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#3's APS/CAN lapsed on 8/18/22 and was not renewed until 6/15/23 and Ecrim lapsed on 8/3/22 and was not renewed until 7/3/23. CG#4's Ecrim lapsed on 6/7/23 and was not renewed until 7/3/23.

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

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.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(b)(7)- CG#3's TB clearance lapsed on 11/16/22 and no current result was present.

41.(b)(8)- CG#4's CPR/Basic First Aid lapsed on 7/2023 and no current certification was present. CG#3 and CG#4's Bloodborne pathogens and infection control certifications lapsed on 1/15/23 and both were without a current certificate.

41.(c)- CG#1 was short of 5 hours of the required 12 hours of annual in-services for the year 2023; and CG#4 without any hours of the required 8 hours of the annual in-services.

41.(j), (j)(2)- No substitute caregiver present in the CCFFH when CTA arrived at the home. CG#1(primary caregiver) was observed to be arriving home in a car. No other caregiver was seen leaving the home when CTA entered the CCFFH. There were 2 CCFFH clients left unattended. Unknown how long clients were alone.

Foster Family Home - Deficiency Report

Foster Family Home

Fire Safety

[11-800-46]

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

Comment:

46.(b)(2)- CG#4 without evidence of having conducted a monthly fire drill for the CCFFH in the past 12 months.

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)- CG#3 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

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.(c)(5)- Client #1 and Client #2's Medication Administration Records (MARs) for the month of June 2024 were last signed on 6/4/24.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed on 6/4/24.

Maribel Nakamine, RN

Compliance Manager

Date

6/10/24

[Signature]
Primary Care Giver

Date

6/10/24

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Almira C. Shibata
(PLEASE PRINT)

CCFFH Address: 94-402 Hamau 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?
8.(a)1 8(a)2	Lapsed cannot be corrected.	06/10/24	Home will use a wall calendar to put all due dates on. Background checks will be done at least 3 weeks before the due date to prevent future lapses.
41.(b)7	2024 TB clearance was obtained for CG# 3,CG#4	06/20/24	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. CG#1 will inform other Caregivers when an item is due 3 weeks before it is due.
41.(b)8	CPR certification, Bloodborne Pathogen and infection control certification placed on CCFFH binder. CG#4 CPR/First Aid certificate was taken before due date but not in the binder.	06/13/24	PCG will use cell phone and ipad reminder 1 month before due date. PCG will ensure all the certificate was place in the binder 1 month before due date.
41(c)	CG#1 will make sure to attend and complete 12 hours of inservice annually. CG #4 completed 8 hours of continuing education	06/13/24	PCG will use cellphone/ipad, calendar reminder 2 months before expiration date.
41(j)2	Lapsed cannot be corrected, Caregiver #1 will always assure that the substitute CG will always be available prior to leaving of CG#1	06/10/24	Home will be having a schedule plan written to avoid conflict on leaving the clients.

All items that were corrected are attached to this POC

PCG's Signature: Almira C. Shibata

Date: 6/28/2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Almira C. Shibata

(PLEASE PRINT)

CCFFH Address: 04-402 Hamau 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?
46(b)2	CG#4 Lapsed cannot be corrected. Resumed fire drill June 10, 2024 by CG#4 and placed in CCFFH binder	06/10/24	Marked calendar date for next monthly fire drill and for every month thereafter.
50(a)	CG#3 was trained on 03/01 24 It was placed into home record.	06/10/24	PCG will always assure that all forms need to place in the binder and always refer to table of contents.
54(c)5	Medication Administration record in clients #1 and 2 completed and placed on clients binder.	06/10/14	PCG will make sure to signed MAR after the medication is given daily.
54(c)6	ADL's daily flowsheet in client#1 completed and place on client's binder.	06/10/24	Documents daily on client's chart.

All items that were corrected are attached to this POC

PCG's Signature: *Almira C. Shibata*

Date: 6/28/2024

CTA has reviewed all corrected items