

Foster Family Home - Deficiency Report

Provider ID: 1-613837

Home Name: Aprilyn Pascual, CNA

Review ID: 1-613837-14

91-946 Ahona Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 5/8/2024

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 5/8/2024 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 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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) Fingerprint was overdue/lapsed for CG# 6. Second Fingerprint was due on or before 4/24/2024 and is not present in the CCFFH file.

8.(a)(2) APS/CAN checks were lapsed for CG#3 and CG#4. APS/CAN was due on or before 6/30/2023 and was completed on 2/16/2024.

8.(c) CG#4. State Name Check (eCrim) is not present in the CCFFH file.

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

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2 and CG#5.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 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.

Comment:

41(b)(4) CG#2 is missing disclosure form.

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG# 6. Not signed by a provider (MD, DO, APRN, PA).

41.(b)(8) CG#3 lapsed on CPR/First Aid training. It was due on/before 3/10/2023 and completed on 3/10/2024.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#3, CG#4, and CG#7. CG# 3, #4, #7 requires 12 hours of in-service training, but had only 5-7-5 hours, respectively, attended in 2023.


Compliance Manager


Primary Care Giver


Date


Date

CTA RN Compliance Manager: Send to Terri Van Houten RN / Po Lim RN

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

PCG's Name on CCFFH Certificate: Aprilyn Pascual, CNA
(PLEASE PRINT)

CCFFH Address: 91-946 Ahona Street, 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?
8.(a)(1)	Lapse cannot be corrected. CG#6 obtained new fingerprint. It was placed in home record.	5/17/24	Home will use a calendar reminder to put all due dates on to prevent future lapses.
8(a)(2)	Lapse cannot be corrected. CG#3 and CG#4 obtained new APS/CAN. It was placed in home record.	2/16/24	Home will use a calendar reminder to put all due dates on to prevent future lapses.
8(c)	CG#4 State Name Check (eCrim) was mispalced. Found and placed in home record.	5/8/24	Home will make sure to put in the right place.
16.(b)(5)	CG#2 & CG#5 completed & signed policies and procedures and client privacy rights training. It was placed in home record.	5/10/24	Home will ensure to complete policies and procedures and client privacy training by SCG. Home will use a checklist for required documents.
41(b)(4)	CG#2 completed and signed disclosure form. It was placed in home record.	5/10/24	Home will make sure to complete disclosure form by SCG. Home will use a checklist for required documents.
41.(b)(7)	CG#6 was able to get TB Clearance signed by MD. It was placed in home record.	5/19/24	Home will make sure TB Clearance is signed by MD, DO, APRN, PA. Home will use a checklist for required documents.
41.(b)(8)	Lapse cannot be corrected. CG#3 obtained CPR/First Aid training. It was placed in home record.	5/10/24	Home will use a calendar reminder to put all due dates on to prevent future lapses.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 6/3/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Send to Terri Van Houten RN / Po Lim RN

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

PCG's Name on CCFFH Certificate: Aprilyn Pascual, CNA
(PLEASE PRINT)

CCFFH Address: 91-946 Ahona Street, 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?
41.(c)	Lapse cannot be corrected.	6/3/24	Home will make that all SCG's will complete 12 hours in service training for 2024. Home will use a checklist for required documents.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 06/01/24

CTA has reviewed all corrected items