

# Foster Family Home - Deficiency Report

Provider ID: 4-000016

Home Name: Clariza E. Rabanes, CNA

Review ID: 4-000016-14

185 Ani Street

Reviewer: Terri Van Houten

Kahului

HI 96732

Begin Date: 4/16/2024

## 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 via email following the inspection with written plan of correction due to CTA within 30 days of issuance.

Report reissued 4/22/24 due to correction of documentation related to insurance status of two clients in the CCFFH.

## 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) - HHM #2 turned 18 years old in December 2023. The CCFFH did not have evidence that HHM#2 had obtained a fingerprint.

8.(a)(2) - HHM #2 turned 18 years old in December 2023. The CCFFH did not have evidence that HHM#2 had obtained a background check, including APS/CAN.

## 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) - HHM#2 turned 18 years old in December 2023. CCFFH did not have evidence that HHM#2 had received confidentiality training.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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- 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.

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- 41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:
  - 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and
  - 41.(f)(2) Background checks

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- 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.(a)(3) - The CCFFH did not have evidence of work experience for CG#5 on file.
- 41.(b)(8) - The CCFFH did not have evidence of completion of first aid training for CG#5 and for CG#7. Current certificates on file was for BLS only.
- 41.(c) - The CCFFH had inservice training certificates on file for CG #1, #2, #3, #4, #5, #6, and #7 that were not accepted from 1/30/24. The certificates that were issued to each CG did not include the list of topics covered that made up the 12-hour course. CTA was not able to verify that the topics covered were relevant to their role as a NA/CNA caregiver in a CCFFH.
- 41.(f), 41.(f)(1), 41.(f)(2) - The CCFFH did not have evidence that a file was being maintained for HHM#2 which included TB clearance and background check. HHM #2 turned 18 years old in December 2023.
- 41.(g) - The CCFFH did not have evidence that a basic skills check was completed for all CGs.
  - Client #1 - Basic skills check was not signed by CG #6
  - Client #2 - Basic skills check was not signed by CG #2, #3 and #6
  - Client #3 - Basic skills check was not signed by CG #7

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.

Comment:

- 43.(b) - The CCFFH had evidence that two private pay clients were admitted between 5/1/23 through 10/31/23. Client #1 was admitted as a private pay client on 2/1/23 and client #2 was admitted as a private pay client on 5/1/23. Client #1's Medicaid did not go into effect until 11/1/23. ERROR clarified 4/22/24-Medicaid effective 4/1/23.
- 43.(c)(3) - The CCFFH did not have evidence that all caregivers had received RN delegations based on the client needs identified in the service plan.
  - Client #2 - The RN delegations were not signed by CG #2, #3, #6, and #7
  - Client #3 - The RN delegations were not signed by CG #6 and #7.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Medication and Nutrition

[11-800-47]

47.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, section 16-89-100.

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

47.(a) - The CCFFH did not have evidence that all CGs received RN delegations related to medication administration.  
- Client #2 - The RN delegations for medication administration were not signed by CG #2, #3, #6, and #7  
- Client #3 - The RN delegations for medication administration were not signed by CG #6 and #7.

47.(b) - Client #2 had evidence of a pre-signed MAR present in the chart. The MAR did not include any documentation that medications had been administered, and no month or year was documented on the form. The CMA RN's signature appeared at the bottom of the form under the RN Case Manager Signature.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that CG#7 was included on the liability insurance.

## 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;

54.(c)(3) Current copies of the client's physician's orders;

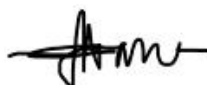
Comment:

54.(c)(2) - The Service Plan (SP) for client #2 had not been customized based on the needs of the client. The SP indicated that oxygen should be provided to the client for difficulty breathing. No MD order was present for oxygen administration for this client. CG#1 indicated that client #2 was at high risk for skin breakdown. This was removed from the SP in November 2023 as a focus of the client. The CCFFH did not have a complete copy of the SP from admission on 5/1/23. Only the signature page was on file and it had not been signed by the client/POA.

54.(c)(3) - The CCFFH did not have evidence that a current copy of the MD orders were present in the record for client #2.



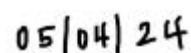
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Terri Van Houten

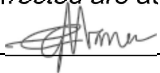
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Clariza Rabanes  
(PLEASE PRINT)

CCFFH Address: 185 Ani St. Kahului, HI 96732  
(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)	HHM#206 Obtained a fingerprint	04/19/24	Home will mark a schedule as a reminder in a wall calendar so that any individual in HHM who is approaching the age of 18 has their fingerprints taken no later than one month before their birthday.
8 (a) (2)	HHM #2 Obtained a background check, including APS/CAN	04/19/24	Home will set up a reminder in a cellphone so that every person in HHM nearing the age of 18 undergoes a background check, including APS/CAN assesment, at least one month prior to their birthday.
16(b)(s)	HHM#2 turned 18 years old in December 2023 received a confidentiality training	04/19/24	Home will use a wall calendar to schedule for every person who is about to turn 18 in my HHM to undergoes confidentiality training.
41(a)(3)	CTA RN Compliance Manager missed to see the evidence of work experience C6#S that was in the binder.	04/18/24	I will enhance the visibility of work experience evidence so taht the RN compliance manager can readily observe it.
41(b)(8)	CG#5 and CG#7 obtained first aid training.	04/19/24	PCG will mark a cellphone calendar reminder for all caregivers to obtain their First Aid Training one month before the expiration date.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 05/07/2024

CTA has reviewed all corrected items

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: Clariza Rabanes  
(PLEASE PRINT)

CCFFH Address: 185 Ani St. Kahului, HI 96732  
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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)	The topics covered during the 12 hrs of service were securely documented alongside the certificate, unfortunately overlooked by the compliance manager during inspection.	04/19/24	Home will make the 12 Hour Training topics highly visible and displayed by using different clear sheets in the binder for the RN compliance manager to thoroughly review.
41 (f) 41(f)(1)	HHM#2 was included to the list of does not have patient contact	04/19/24	PCG will added the information to the binder and set up a calendar alarm a month for a reminder to review all HHM if need to obtain a TB clearance.
41(f)(2)	Background check was obtained for HHM#2	04/19/24	Home will set up a calendar alarm through cellphone for a PCG reminder to obtain a background check record for all the HHM 1 month before turning 18 years old
41(g)	Basic skills check was signed by CG#6 for client #1 Basic skills check was signed by CG#2, CG#3, CG#6 for client #2. Basic skills was signed by CG#7 for client #3	04/20/24	PCG will notify all clients CMA RN to have all basic skills checked for all caregivers within a week upon admitting a new client. PCG will set a personal note using a cellular device.
43(b)	Error clarified for admitted two private pay clients by CMA	04/22/24	PCG will put a note in a cellphone as reminder to notify the CMA to provide an evidence of client status a week before admitting to home.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 05/07/2024

CTA has reviewed all corrected items

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: Clariza Rabanes

(PLEASE PRINT)

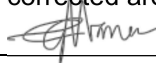
CCFFH Address: 185 Ani St. Kahului, HI 96732

(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?
43 (C)(3)	RN delegations were signed by CG#2, CG#3, CG#7 for client #2 and client #3.	04/20/24	PCG will notify CMA RN to all delegations check for all caregivers within a week upon admitting a new client by setting up a personal memo using PCG cellphone.
47(A)	RN delegations for medication administration were signed by CG#2, CG#3, CG#6, and CG#7 for client #2.	04/20/24	PCG will notify CMA RN to require all CG to have delegations for medications administration before assisting client by using a personal memo on PCG cellphone.
47(b)	Cannot be corrected	04/18/24	PCG will notify the CMA RN that Home will not accept a blank document with a signature. PCG will be using a personal note using a cellular device as a reminder.
51(a)(1)	CG#7 was included on the liability insurance	04/18/24	Home will review the liability insurance certificate to ensure that all CG are included by checking the binder at home.
54(c)(2)	Service plan for client #2 was corrected by CMA RN	05/02/24	PCG will review any changes of service plan to all clients and will notify CMA RN. PCG will have a personal note using a cellular device alarm for every CMA RN visits
54(c)(3)	Current copy of the MD orders were obtained for client #2	04/20/24	PCG will have all prescribed medicine copy attached on a client binder. PCG will put a personal note on a cellular device as a reminder.

All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_



Date: 05/07/07

CTA has reviewed all corrected items