

Foster Family Home - Deficiency Report

Provider ID: 1-180053

Home Name: Maria Elaiza F. Salvador, CNA

Review ID: 1-180053-13

91-1122 Hanakahi Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 5/14/2024

Foster Family Home	Required Certificate	[11-800-6]
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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 and Client#2 are missing Form 1147.

Deficiency Report issued during CCFFH inspection via email on 5/14/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Information Confidentiality	[11-800-16]
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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 HHM#3.

Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 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.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2. CG# 2 TB clearance expired, was due on/before 11/3/2023 and no renew on file.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG# 2 and CG#5. CG#2 lapsed for BBP/IC, it was due on/before 11/3/2023 and was completed on 1/2/2024. CG#5 lapsed for BBP/IC, it was due on/before 8/21/2023 and was completed on 1/2/2024.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 4 and CG#5.
 CG# 4 requires 12 hours of in-service training, but had only 8hours attended in 2023.
 CG# 5requires 12 hours of in-service training, but had only 10 hours attended in 2023.

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.(c)(3) No RN delegation present for Client #1 for CG#4.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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- (3P)(b)(1) Fire shall be conducted monthly

Comment:

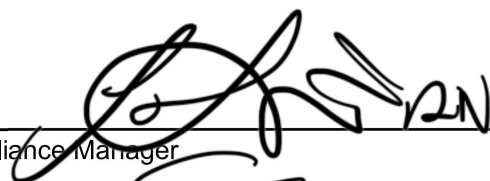
(3P)(b)(1)The CCFFH did not have evidence that fire drills had been conducted monthly. CCFFH is missing drills from May 2023 through September 2023.

Foster Family Home	Records	[11-800-54]
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- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2)
 No current service plan present for Client# 1. Last one in record is dated 8/27/2023.
 No current service plan present for Client# 2. Last one in record is dated 4/21/2023.



 Compliance Manager



 Primary Care Giver

5/14/2024

 Date

05/14/2024

 Date

CTA RN Compliance Manager: PO LIM

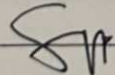
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: MARIA ELAIZA F. SALVADOR CCFFH
(PLEASE PRINT)

CCFFH Address: 91-1122 HANAKAHI ST 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)	Obtained missing form 1147 for client#1 and client#2 and filed in home binder.	06/10/24	Home will make sure to be seated with CMA RN every monthly visit to make sure the clients record is updated.CG#1 will check missing form 1147 and put sticky note in the binder for reminder.
16.(b)(5)	Completed and HHM#3 signed training on confidentiality policies and procedures and client privacy right	05/18/24	CG#1 will use sticky notes as a reminder for every documents that needed to be sign.
41.(b)(7)	TB clearance for CG#2 obtained and filed into home binder	06/06/24	Home will make a list of expiration date for requirements to prevent lapses.CG#1 will inform CG's when an item is due 2 weeks before its due
41.(b)(8)	Lapses cannot be corrected for CG#2, Obtained BBP/IC for CG#5 and filed into home binder	05/18/24	Home will make a list of expiration date for requirements to prevent lapses.CG#1 will inform CG's when an item is due 2 weeks before its due
41.(c)	Obtained 4hours for CG#4 and 2hours for CG#5 of in service training and filed into home binder	05/20/24	Home will make a list of missing/ incomplete requirements to prevent CG's for missing hours of training or requirements

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 06/10/2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: PO LIM

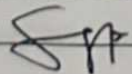
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CCFFH Address: 91-1122 HANAKAHI ST EWA BEACH HI 96706
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43.(c)(3)	RN delegation done for CG#4 by the clients CMA, signed and placed into home binder	05/20/24	Home will notify client's CMA that RN delegation needs to be done within 5 days of a caregiver being added to the home
(3P)(b)(1)	CG#1 was able to locate missing fire drill months, placed into home binder	05/18/24	Home will make sure that all requirements was placed into home binder
54(c)(2)	CG#1 obtained missing service plan for client#1 and client#2 and filed into home binder	05/15/24	CG#1 will make sure to be seated with CMA RN every monthly visit to make sure the clients record is updated. CG#1 will make a list/sticky notes for record that needed to be updated

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 06/10/2024

CTA has reviewed all corrected items