

Foster Family Home - Deficiency Report

Provider ID: 1-210064

Home Name: Maribel E. Balete, NA

Review ID: 1-210064-7

94-367 Ikepono Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/10/2024

| 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 3 bed re-certification inspection.

CCFFH is applying for increase from 2 beds to 3 beds.

Client #1 and Client #2 are missing Form 1147.

Deficiency Report issued during CCFFH inspection via email on 5/10/2024 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;

Comment:

8.(a)(1) Second Fingerprint check is overdue for CG#3, was due on/before 11/28/2023.

| 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#3, HHM#1, and HHM#2.

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;

- 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 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.(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)(2) CG#2 and CG#3 are not approved to work in a 3 beds CCFFH.

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

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 2 and CG#3. CG# 2 TB clearance lapse and was due on/before 1/23/2024 and was done on 5/4/2024. CG#3 TB clearance expired and was due on/before 12/7/2023.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG#2 and CG#3.

CG#2 CPR/1st aid Lapsed, expires on 11/1/2023, done on 2/24/2024.

CG#3 CPR/1st Aid is missing and not in the files.

CG#3 BBP/IC expired on 4/25/2023 and no new on file.

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

41.g. No basic skills check present in record for CG#3 for Client #2.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG#3 (NA) worked in a day or week.

Foster Family Home - Deficiency Report

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly and included each CG at least once per year.

Last drill was conduct on 2/17/2024. CG#3 did not conduct a fire drill in the past 12 months.

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)(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)(2) No current service plan present for Client# 1 and Client #2. Last one in record is dated 05/19/2023 and 05/16/2023, respectively.

54(c)(5)

No MAR present for April and May 2024 for Client# 1.

No MAR present for January, February, March, April, and May 2024 for Client# 2.

54(c)(6)

No ADL flow sheet present for Client# 1 for April and May 2024.

No ADL flow sheet present for Client# 2 for March, April and May 2024.

Client # 1 did not have evidence of RN monthly visit notes from August through November 2023, and January through April 2024.

Client # 2 did not have evidence of RN monthly visit notes from July though November 2023, and January through April 2024.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: PO LIM

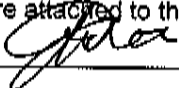
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: MARIBEL E. BALETE, CNA
(PLEASE PRINT)

CCFFH Address: 94-367 IKEPONO PL, 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? |
|-------------|---|-------------------------------|--|
| 6(d)(1) | Obtained required forms from CMA and it was placed into clients records. | 5/11/24 | Home will notify CMA to send copies to be filed into clients records. |
| 8.(a)(1) | Obtained Fingerprint copy from CG#3 and it was placed into home record. | 5/11/24 | Home will use a spreadsheet on a laptop to identify when requirements are due or missing. |
| 16.(b)(5) | Provided training to CG#3 and HHM#1 and HHM#2 on confidentiality policies and procedures and client privacy rights. | 5/12/24 | Home needs to train all caregivers and placed signed policies in the home binder for all home members to protect clients for their privacy and rights. |
| 41(a)(2) | Obtained 3 bed home application from CG#2 and CG#3. | 05/12/24 | Home needs to get approval [redacted] for all caregivers to be able to work for a 3 beds CCFFH. |
| 41(a)(3) | Obtained job experienced record from CG#2 and CG#3 and it was placed into the home record. | 05/12/24 | Home needs to file a completed job experience form into the home binder for all caregivers. |
| 41.(b)(7) | Lapse can not be corrected. | 05/12/24 | Home will use a spreadsheet on lap top to identify when requirements are due to prevent them from expiring. PCG will inform the caregivers when an item is due in a month. |

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: PO LIM

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

PCG's Name on CCFFH Certificate: MARIBEL E BALETE, CNA
(PLEASE PRINT)

CCFFH Address: 367-IKEPONO PL, 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? |
|---------------|---|-------------------------------|---|
| 41.(b)(8) | Obtained CPR and BBP from CG#2 and CG#3 and it was placed into the home binder. | 5/14/24 | Home will use a spreadsheet to monitor caregivers requirements to prevent from expiring. |
| 41.(c) | Obtained 1n service training from CG# 3 and it was placed into the home binder. | 05/15/24 | Home needs to use a to check if caregiver's requirements are current and complete to avoid from expiring. |
| 41.g. | Obtained signed records from CMA and it was placed into the clients records. | 05/15/24 | Home needs to notify CMA to send forms for new caregivers for missing nursing skills and delegations. |
| (3P)(b)(2) | Printed sign out sheet was placed into the home binder. | 05/15/24 | Home will start for a 3 bed sign out sheet effective on the approved 3 bed home certified. |
| (3P)(b)(1)(6) | Lapsed can not be corrected. Scheduled CG# 3 to initiate fire drill. | 05/15/24 | Home needs to schedule fire drill on a calendar monthly and assigned caregivers to conduct fire drill at least once a year. |
| 54.(c)(2) | Notify and obtained copies from CMA and it was placed into the clients record. | 05/15/24 | Home will notify client's CMA to send signed copies to be filed into clients record. |
| 54(c)(5) | Client's MAR was on a clipboard for everyday log when [REDACTED] came for a visit, it was now placed into the clients binder. | | Home should file all previous months MAR into the clients record. |

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: PO LIM


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

PCG's Name on CCFFH Certificate: MARIBEL E. BALETE, CNA
(PLEASE PRINT)

CCFFH Address: 94-367 IKEPONO PL. 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? |
|-------------|---|-------------------------------|---|
| 54(c)(6) | ADL flow sheet was on the clipboard for daily log and it was placed in to client's records. Obtained RN monthly visit and it was placed in to clients records. | 05/11/24 | Home should file all monthly records into clients binder. |

All items that were corrected are attached to this POC

PCG's Signature: _____ 

Date: 6/3/24

CTA has reviewed all corrected items