

# Foster Family Home - Deficiency Report

Provider ID: 4-160022

Home Name: Violeta Ulep, CNA

Review ID: 4-160022-9

557 Kaulana Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/22/2024

## 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 during CCFFH inspection with written plan of correction due to CTA by 6/22/24.

CG is requesting to increase to 3 beds. CG is aware that all CGs need to be approved by the department as 3 bed CGs at the time of the bed increase or must be removed.

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

16.(b)(3) Inform clients about their confidentiality practices;

Comment:

16.(b)(3) - The CCFFH did not have evidence that client #1/POA had been provided with a copy of the CCFFH confidentiality policies.

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

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.(g) - The CCFFH did not have evidence that a basic skills check had been completed for CG#2 and CG#3 for client #1.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(3) Staff There is no provision for a three-hour or less substitute caregiver in CCFFHs with three clients in the home. If CTA approved an SCG for three hours or less, that approval applies only for one or two clients in a home.

Comment:

(3P)(b)(3) Staff - CG #2 and CG#3 did not meet requirements to work in a 3 bed CCFFH. CG#2 and CG#3 need to be approved as 3 bed CGs prior to the effective date on the new certificate (effective 10/1/24) or will need to be removed as CGs.

# Foster Family Home - Deficiency Report

Foster Family Home	Grievance	[11-800-45]
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- 45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
  - 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
  - 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
  - 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:  
45., 45.(1), 45.(2), 45.(3) - The CCFFH did not have evidence that the Grievance policy had been provided to client #1/POA.

Foster Family Home	Insurance Requirements	[11-800-51]
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- 51.(a)(1) General;

Comment:  
51.(a)(1) - CCFFH did not have evidence that CG#5 had been added to the general liability insurance.

Foster Family Home	Client Rights	[11-800-53]
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- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:  
53.(a) - CCFFH did not have evidence that client #1/POA had been provided with copies of the CCFFH list of client rights.

Serri Van Houten - 5/22/24  
Compliance Manager Date

Vislita K. Ugo 06-16-2024  
Primary Care Giver 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: VIOLETA ULEP  
(PLEASE PRINT)

CCFFH Address: 557 KAULANA STREET, KAHULUI HAWAII 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?
6.(d)(1)	PCG secured and forwarded the applications to CTA to update the SCGs into 3-client license.	06/16/24	PCG will make a list of documents needed in increasing bed before application procedure.
16.(b)(3)	POA#1 have sign and given a copy of the Confidentiality and Privacy Policy	06/02/24	PCG will make a list of documents needed in admitting new clients and scans clients chart to prevent lapses and violation.
41.(g)	CG#2 and CG#3 completed the basic skills	06/02/24	PCG will make a list of requirements in adding new SCG's and scans binder to check for missing documents on monthly period to prevents this violation in the future.
(3P)(b)(3)	PCG secured and forwarded the applications and requirements to CTA to update SCG's into 3-client license. Epidio Ulep will be remove as SCG effective 10/01/24	06/16/24	PCG will make a list of documents needed in increasing bed before applying
45., 45.(1), 45.(2), 45.	PT#1 and POA#1 have given a copy of the Grievance Policy of the CCFFH	06/02/24	PCG will make a list of documents needed in admitting new clients and scans clients chart to prevent lapses and violation.
51.(a)(1)	CG#5 has been added to general liability insurance.	05/23/24	PCG will make a list of documents needed in admitting new clients to prevent lapses and violation.
53.(a)	PT#1 and POA have been provided with copies of the CCFFH list of client right	06/02/24	PCG will make a list of documents needed in admitting new clients to prevent lapses and violation.

All items that were corrected are attached to this POC

PCG's Signature: Violita I Ulep

Date: 06-16-2024

CTA has reviewed all corrected items