

Foster Family Home - Deficiency Report

Provider ID: 1-562513

Home Name: Carina Aguilar, CNA

Review ID: 1-562513-17

94-1356 Waipahu Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 8/22/2024

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 visit made for a 2 bed annual inspection.

Client #1 is missing Form 1147.

Deficiency Report issued during CCFFH inspection via email on 8/22/2024 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)(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)(2) APS/CAN checks were overdue for CG#5.
APS/CAN was due on or before 5/10/2024 and is not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG#5. State Name Check (eCrim) was due on or before 5/1/2024 and is not present in the CCFFH file.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a) - No fire drill documentation present for August 2023 through July 2024.

46.(b)(2)- All CGs did not have evidence of conducting a monthly fire drill within the past 12 months.

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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;

Comment:

54(c)(2) No current service plan present for Client#2. Last one in record is dated 10/23/2023.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Terri Van Houten, RN

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

PCG's Name on CCFFH Certificate: Carina Aguilar

(PLEASE PRINT)

CCFFH Address: 94-1356 Waipahu St. 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	Form 1147 for Client #1 was obtained from CMA. It was placed into the client record.	9/12/24	CCFFH will notify Client's CMA on the requirements. Home will develop a calendar with all due dates.
8.a.2	CG #5 obtained an APS/CAN checks. It was placed into the home record.	8/22/24	Home will use calendar to identify when requirements are due. CG #1 will inform other caregivers when the item is due and then follow-up to obtain a copy to be placed immediately to the CCFFH file.
8.c	CG #5 obtained an Ecrim check. It was placed into the home record.	8/22/24	Home will use calendar to identify when requirements are due, CG #1 will inform other caregivers when the item is due and then follow-up to obtain a copy to be placed immediately to the CCFFH file.
46.a	Fire Drill were done for all caregivers. Forms has been placed into home binder.	8/23/24	Fire Drill forms will properly filed and labeled to prevent from misfiling in the future.
46.b.2	All caregivers have been conducted the Fire Drill. Forms are placed into home record.	8/23/24	Fire Drill forms will properly filed and labeled to prevent from misfiling in the future.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 9/17/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten, RN

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

PCG's Name on CCFFH Certificate: Carina Aguilar

(PLEASE PRINT)

CCFFH Address: 94-1356 Waipahu St. 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.2	Service Plan was on Client's binder and was filed last April 26, 2024. Upon re-checking Client's binder, the current and said copy of Service Plan was mis-filed at the back of the "Service Plan" tab.	8/23/24	Will file the current Service Plan at the front page of the "Service Plan" tab of Client's binder.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 9/17/24

CTA has reviewed all corrected items