

Foster Family Home - Deficiency Report

Provider ID: 1-230003

Home Name: Roma Mendoza, CNA

Review ID: 1-230003-6

94-1074 Halelehua Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 9/24/2024

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 an increase from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 9/24/2024 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#2 and CG#6.
CG#2 was due on/before 3/27/2021.
CG#6 was due on/before 1/10/2024.

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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)(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.

Comment:

41(a)(2) CG#3 and CG#6 are not approved to work in a 3 beds CCFFH.

41(a)(3) No job experience form present for CG#2, #3, #4, #5, and #6.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG#2, #4, and #5.

CG#5 CPR/First Aid training was due on/before 9/5/2024. No renew on file.

CG#4 is missing First Aid training.

CG#2 is missing Bloodborne Pathogen training.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2, CG#5, and CG#6.

CG#2 and CG#5 requires 12 hours of in-service training, but had only ZERO hours attended in 2023.

CG#6 requires 12 hours of in-service training, but had only 7 hours attended in 2023.

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 #2, #3, and #4 (all NA) worked in a day or week.

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: Roma Mendoza
(PLEASE PRINT)

CCFFH Address: 94-1074 Halelehua 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?
8(a)(1)	Obtained a copy of Fingerprint for CG#2 dated 04/03/19 and 04/19/24. CG#6 10/01/24	10/01/24	Home will have a calendar to write due dates. Should be done at least 2 weeks before due date.
41 (a)(2)	Attached application for 3bed CCFFH SCG	10/03/24	Home will not have a SCG that is not approved for 3bed effective February 01, 2025.
41 (a)(3)	Provide a Job Experience form for CG#2, CG#3, CG#4, CG#5 and CG#6.	10/02/24	Home will use a checklist which documents are needed for every caregivers
41(b)(8)	Obtained a current CPR/First Aid for CG#4 and CG#5.	10/02/24	Home will use a checklist which documents are needed for every caregiver. CG#1 will inform caregivers 2 weeks before due date.
41(c)	Requested a copy of in service training for CG#2 and CG#6.	10/02/24	Home will use a checklist which documents are needed for all caregivers.
(3P)(b)(2)	Printed out a 3 Bed Certified Sign Out sheet	10/02/24	Home will use 3 bed sign out sheet effective February 01, 2025.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/03/24

CTA has reviewed all corrected items