

Foster Family Home - Deficiency Report

Provider ID: 1-514936

Home Name: Rosalinda Lopez, RN

Review ID: 1-514936-15

92-6001 Puapake Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 8/23/2024

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.

Client #1 have expired Form 1147 on 2/1/2022.

Deficiency Report issued during CCFFH inspection via email on 8/23/2024 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#4 was due on/before 12/1/20217.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

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

Foster Family Home Client Care and Services [11-800-43]

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 #2 for CG#5.

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

Comment:

(3P)(b)(1) The CCFFH did not have evidence that fire drills had been conducted monthly. Last Fire drill conducted on 5/17/2024. Missing drills from 4/24, 6/24, and 7/24.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG#5 is not included on the policy.

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 3/17/2023.

Compliance Manager

Primary Care Giver

Date

Date

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CTA RN Compliance Manager: Mr Po Lim

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

PCG's Name on CCFFH Certificate: Rosalinda lopez

(PLEASE PRINT)

CCFFH Address: 92-6001 Puapake street , Kapolei Hi 96707

(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) | Called the Case Mgmt agency for a copy .Pt is [REDACTED] | 9/4/2024 | To make ff up with CMA to update Clients records by checking due dates in charts and placing in calendar . |
| 8.(a)(1) | CG#4 has Fingerprint dated year Dec 2015 and Dec 2016 but year 2015 was filed and found in old files. | 8/23/2024 | Home will have a checklist in a Table of contents in a Community Care Home Book Binder and will be checking the needed requirements every month. |
| 41.(a)(3) | CG#3 has a Grandfather Certificate Issued by [REDACTED] and on file as a CNA and doing actual Patient care in the Foster Home. Made a Work Experience Form. | 8/23/2024 | Home will use a monthly reminder on an iPhone Calendar for any Compliance requirements needed . |
| 43.(c)(3) | Delegation for CG#5 was done on June 10,2024 Before SCG started .Asked a copy from CM,Rn | 8/26/2024 | Will Notify the CM,RN that the delegation copy will be on file within 7 days to be in Compliance. |
| (3P)(b)(1) | Fire Drill for 4/24,Client was Placed on another home (Respite) 6/24 and 7/24 was on file on a separated file. | 8/23/2024 | Marked calendar Dates for Monthly Fire Drill on iPhone and Placing it after in a right binder so records will be updated. |

All items that were corrected are attached to this POC

PCG's Signature: Rosalinda S. Lopez

Date: Sept 8, 2024

CTA has reviewed all corrected items

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CTA RN Compliance Manager: Mr Po Lim

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

PCG's Name on CCFFH Certificate: Rosalinda S Lopez

(PLEASE PRINT)

CCFFH Address: 92-6001 Puapake Street , Kapolei Hi 96707

(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? |
|-------------|---|-------------------------------|--|
| 51.(a)(1) | Liability Insurance Applied on CG #5 | 8/27/2024 | To make checklist needed for Caregivers and reminder will be on iPhone Calendar. |
| 54.(c)(2) | Copy of Service plan was found not inside Client chart . Placed on service plan section at Patient Chart After. | 8/23/2024 | To Monitor Service plan due dates as one needed requirements by tracking it on chart checklist requirements. |

All items that were corrected are attached to this POC

PCG's Signature: Rosalinda S. Lopez

Date: Sept. 8, 2024

CTA has reviewed all corrected items