

# Foster Family Home - Deficiency Report

Provider ID: 1-561804

Home Name: Marie Angelie Valencia, RN

Review ID: 1-561804-15

94-1128 Halelehua Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 10/7/2024

## 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 #2 has expired 1147 Form, expired date is 1/26/2024.

Deficiency Report issued during CCFFH inspection via email on 10/08/2024 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;

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)(1)  
Second Fingerprint check is overdue for CG#5 due on/before 3/18/2023.

8(a)(2) APS/CAN checks were lapsed for CG#2.  
APS/CAN was due on or before 3/16/2024 and was completed on 4/9/2024.

8(c) State Name Check (eCrim) was lapsed for CG#3 AND CG#4.  
State Name Check (eCrim) was due for CG#3 on/before 7/11/2023 and was completed on 9/10/2023.  
State Name Check (eCrim) was due for CG#4 on/before 3/23/2024 and was completed on 4/14/2024.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 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.(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/First Aid and BBP/IC was due on/before 4/9/2024 but was not completed until 9/13/2024.

CG#3 CPR/First Aid and BBP/IC was due on/before 6/21/2024 but was not completed until 9/6/2024.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 5. CG# 5 requires 12 hours of in-service training, but had only 8 hours attended in 2023.

## 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 3 for All CGs. RN Delegation is missing.

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety


(3P) Fire


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


Comment:

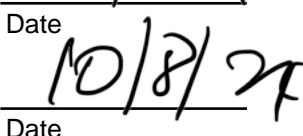
(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#5 did not conduct a fire in the past 12 months.

  
\_\_\_\_\_  
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: Marie Angelie Valencia  
(PLEASE PRINT)

CCFFH Address: 94-1128 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?
6(D)2	A new 1147 form for client #2 is placed in client's chart.	10/15/2024	PCG will make sure that important documents for client is readily available. And that CMA must always check as well. Home will use a calendar posted in the refrigerator to prevent any future lapses.
8(a)(1)	Obtain all the fingerprint check for CG#5.(CG#5 is also a CCFFH.) It was placed into home record.	10/15/2024	PCG understands the importance of keeping up to date requirements. Home will use a calendar posted in the refrigerator to prevent any future lapses.
8(a)(2)	Lapsed cannot be corrected	10/15/2024	PCG understands the importance of keeping up to date requirements. Home will use a calendar posted in the refrigerator to prevent any future lapses.
8(c)	Lapsed cannot be corrected.	10/15/2024	Home will use a wall calendar to put all due dates on. All checks will be done at least 4 weeks prior to due date to prevent any future lapses.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/15/2024

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)  
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PCG's Name on CCFFH Certificate: Marie Angelie Valencia  
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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)	Lapsed cannot be corrected.	10/15/2024	PCG understands the importance of keeping up to date CPR/First Aid BBP/IC requirements. Effective today, Home will use a calendar to put all due dates on. All checks will be done at least 4 weeks before due date to prevent any future lapses.
41(c)	Obtain a copy for 4 hours inservice for CG #5. It was placed into home record.	10/15/2024	PCG will make sure all the SCG's have the required number of hours of in service. Home will make a list in the binder to make sure SGC 's have the correct number of hours attended.
43(c)(3)	RN delegation was done for all CG's by the CMA. It was placed into the client's record.	10/15/2024	Home will notify client's CMA that RN delegation will make sure all new CG's received skill testing and delegation of task before taking care of the client.
(3P)(b)(6)	Fire drill was done by CG#5. Form has been placed in the home binder.	10/15/2024	Fire drills will be done by each CG at least once a year. Home developed a schedule and has it posted on the refrigerator.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/15/2024

CTA has reviewed all corrected items