

# Foster Family Home - Deficiency Report

Provider ID: 1-510223

Home Name: Teresa Mateo, CNA

Review ID: 1-510223-17

1522 Gulick Avenue

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 8/2/2024

## 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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 8/26/2024).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #1 and client #2.

## 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

Comment:

8.(a)(2): Evidence of lapse for CG#1 and CG#3 for APS/CAN clearance. CG#1 was due 11/22/2023 and completed on 7/8/2024; CG#3 was due 10/13/2023 and completed 7/08/2024.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7): No evidence provided by CCFFH of current TB clearance for CG#5. TB clearance was due by 9/25/2023.

41.(b)(7): Evidence of lapse for CG#1, CG#2, CG#3, and CG#4 for TB clearance. CG#1 was due by 4/20/2024 and completed 7/2/2024. CG#2 was due by 5/14/2024 and completed 7/11/2024; CG#3 was due by 6/11/2024 and completed 8/15/2024; CG#4 was due 4/23/2024 and completed 8/15/2024.

41.(b)(8): No evidence by CCFFH of current first aid training completed for CG#1. First aid training expired 3/2024.

41.(b)(8): No evidence of bloodborne pathogen and infection control training completed in past 12 months. Training was due by 6/1/2024.

## 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.

Comment:

46.(a): No documentation provided by CCFFH of fire drills were conducted monthly in the past 12 months. No documentation was provided for months of 8/2023 to 12/2023.

# Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No documentation of physician order for use bed side rail for client #1.

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e): CTA arrived at CCFFH on 8/2/2024 for initial inspection. Outside gate was locked with no doorbell to communicate with CCFFH. CTA arrived on 8/26/2024 and no doorbell was on gate with locked.

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;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2): CTA unable to verify services with client #1 and #2's current service plans. Last service plan for client #1 was dated 10/31/2023 and client #2's last service plan was dated 8/17/2022.

54.(c)(5): Dose discrepancy noted with one of client #1's medication on hand compared to client's medication administrative record (MAR).

54.(c)(5): Order discrepancy noted for client #2's medication. One medication listed on medication administrative record (MAR) is being documented as given but was discontinued 7/22/2024.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Ryan Nakamura RN

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

PCG's Name on CCFFH Certificate: Teresa Mateo  
(PLEASE PRINT)

CCFFH Address: 1522 Gulick Ave, Honolulu, HI, 96819  
(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)	1147 Assessments for Client #1 and Client #2 were requested from MD office.	9/24/2024	Reminders have been created annually to request for all appropriate documentation for MD office to avoid any violations in the future.
8.(a)(2)	Lapse in APS/CAN clearance for CG #1 & #3.	7/8/2024	Reminders have been created via calendar to avoid missing renewal of clearances.
41.(b)(7)	TB test was completed and results were sent over.	9/20/24	Reminders have been created via calendar to ensure that all caregivers will get tested and results in a timely manner.
41.(b)(8)	First Aid certification was completed by March 6th 2024 and does not expire until March of 2026.	3/6/2024	Reminders have been created via calendar for when certifications expire and is completed after expired; ensuring the deadline will not be missed.
41.(b)(8)	Bloodborne pathogen and infection control training completed June 10, 2024.	6/10/24	Reminders have been created via calendar to ensure that this is completely yearly and so the deadline will not be missed.
46.(a)	Fire drill papers were conducted monthly in the past 12 months and was put in the binder but possibly missed.	8/2/2024	In the future, a labeled folder will go into the binder for the reviewer so it will not be missed.

All items that were corrected are attached to this POC

PCG's Signature: *T. Mateo*

Date: 10/17/2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura RN

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

PCG's Name on CCFFH Certificate: Teresa Mateo  
(PLEASE PRINT)

CCFFH Address: 1522 Gulick Ave, Honolulu, HI, 96819  
(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?
47.(d)(1)	Physicians orders was requested from Client #1's agency.	9/24/24	In the future, annual reminders will be set via calendar and alarms to ensure proper and up-to-date paperwork is in the binder at all times.
54.(c)(2)	Service plans for both Client #1	9/24/24	In the future, annual reminders will be set via calendar and alarms to ensure proper and up-to-date paperwork is in the binder at all times.
54.(c)(5)	MAR for Client #1 and client #2 have been requested from their agencies.	9/24/2024	In the future, annual reminders will be set via calendar and alarms to ensure proper and up-to-date paperwork is in the binder at all times.
50.(e)	A doorbell has been ordered and installed under the mailbox outside of the gate.	9/26/2024	In the future, a checklist will be created to ensure that there no missing steps or material needed for CTE assessments so that they may go smoothly.

All items that were corrected are attached to this POC

PCG's Signature: *T. Mateo*

Date: 10/17/2024

CTA has reviewed all corrected items