Foster Family Home - Deficiency Report

Arvin-Lawrence C. Cardenas, 1-220007-7 **Home Name:** Review ID: 1853A Makuahine Place Maribel Nakamine Reviewer: Honolulu HI 96817 Begin Date: 10/17/2024 **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 recertification inspection. Deficiency Report issued to CCFFH with plan of correction due to CTA within 30 days of inspection (issued on 10/17/24). **Foster Family Home** [11-800-41] Personnel and Staffing 41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department. Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in 41.(j)(2) Comment: 41.(h)- CCFFH without an approved/available substitute caregiver for a 3-client bed/CCFFH. 41.(j)(2)- Caregiver present at the start of survey was not an approved caregiver for a 3-client CCFFH; current department approval was only for a 2-client. 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

Comment:

(3P)(b)(2) Staff

Provider ID:

1-220007

(3P) (b)(2) Staff- CCFFH without evidence that a Sign Out/In Sheet was being utilized; CG#1 was not home at the start of the CCFFH survey.

substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

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

Compliance Manager

Date

Date

are Giver

10/17/2024 2:11:35 PM

Community Care Foster Family Home (CCFFH) Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: ARVIN-LAWRENCE CARDENAS, RN

(PLEASE PRINT)

CCFFH Address: 1853 A MAKUAHINE PLACE HONOLULU HAWAII 96817

(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?
41.(h) 41 (j)2	1. Issue: Unapproved Substitute Caregivers Implementation of Pre-Approval Process for Substitute Caregivers through -Existing Caregivers: For caregivers who are not approved for three-client beds/CCFH, the primary caregiver will submit the required documents to -Substitute Caregivers: For those already approved for three-client beds/CCFH, the primary caregiver will add them to the caregiver list. The Case Manager RN or the writer will ensure proper RN delegation is completed. -Sign-in and Sign-out Sheet: A sign-in and sign-out sheet for both primary and secondary caregivers will be utilized.	10/31/24	Implement a pre-approval process Create a checklist or database to track of each caregiver, ensuring only those who meet the requirements are assigned. Develop a standardized documentation system that includes all required forms for caregiver approval, ongoing training records, and compliance verification. Train staff on proper documentation procedures to ensure completeness and accuracy.

Date: 10/31/2024

All items that were corrected are attached to this POC

PCG's Signature:

☑ CTA has reviewed all corrected items