

# Foster Family Home - Deficiency Report

Provider ID: 1-230034

Home Name: Princess Juna Cariaga, NA

Review ID: 1-230034-5

94-567 Awamoi Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 2/14/2024

## 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: 2/14/2024).

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

16.(c) Information about an applicant or recipient shall not be used or disclosed unless;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(b)(3): No evidence by CCFFH of client #1 informed of their confidentiality practices. No documentation provided.

16.(b)(5): No evidence by CCFFH of confidentiality training reviewed by CG#1. No documentation provided by CCFFH.

16.(c)(1): No evidence by CCFFH of consent to disclose client information was obtained for client #1. No documentation provided by CCFFH.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

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- 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.

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- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

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- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(4): No evidence by CCFFH of CG#6 completing a psychosocial assessment or substitute caregiver disclosure form. No documents provided by CCFFH.

41.(b)(8): No evidence by CCFFH of bloodborne pathogen and infection control, CPR/AED, and first aide training completed by CG#6. No documents provided.

41.(c): No evidence by CCFFH of minimum required 8 hours of annual in-service training completed by CG#4 and CG#6. Documents provided CCFFH show only 4.5 hours completed for CG#4 and no hours completed for CG#6.

41.(f)(1): No evidence by CCFFH of current tb clearance for minor household member.

41.(g): No evidence by CCFFH of basic caregiver skills checked by client #1's case managment agency for CG#4. No documentation provided by CCFFH.

CG#6 41.(g): No evidence by CCFFH of basic caregiver skills checked by client #2's case management agency for CG#4 and CG#6. No documentation provided by CCFFH.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 evidence by CCFFH of RN delegation by client #1's case management agency for CG#4. No documentation provided by CCFFH.

43.(c)(3): No evidence by CCFFH of RN delegation by client #2's case management agency for CG#4 and CG#6. No documentation provided by CCFFH.

# Foster Family Home - Deficiency Report

Foster Family Home	Grievance	[11-800-45]
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- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

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- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

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- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1)(2)(3): No evidence by CCFFH of grievance policies and procedures were informed to client #1/POA. No documents provided by CCFFH.

Foster Family Home	Medication and Nutrition	[11-800-47]
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- 47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

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- 47.(d) Use of physical or chemical restraints shall be:
  - 47.(d)(1) By order of a physician;

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  - 47.(d)(2) Reflected in the client's service plan; and

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- 47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(c): No evidence by CCFFH of list of side effects of current medications for client #1. No documentation provided.'

47.(d)(1): No evidence by CCFFH of physician order for use of bed side rails for client #1 and client #2. No documentation provided by CCFFH.

47.(d)(2): No evidence by CCFFH of current service plan addressing use of bed side rails for client #1 and client #2. No documentation provided by CCFFH.

47.(e): No evidence by CCFFH of specific instructions or training from client #1 and #2's case management agencies. No documentation provided by CCFFH.

Foster Family Home	Client Account	[11-800-48]
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- 48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a): No evidence by CCFFH of who is responsible for client #1's personal funds. No documentation provided.

Foster Family Home	Physical Environment	[11-800-49]
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- 49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1): No evidence by CCFFH of non-slip surface provided in client's shower/bath area.

# Foster Family Home - Deficiency Report

Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a): No evidence by CCFFH of client #1 informed of client rights. No documentation provided by CCFFH that client/POA reviewed and signed documents.

Foster Family Home

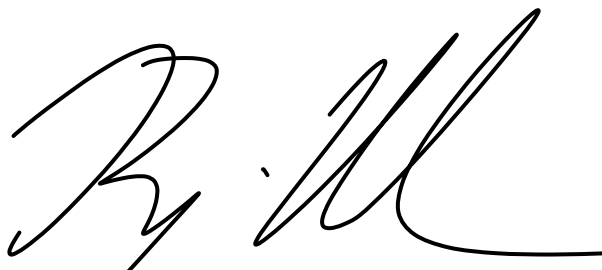
Records

[11-800-54]

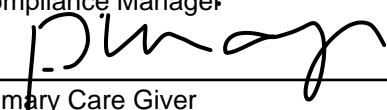
54.(c)(3) Current copies of the client's physician's orders;

Comment:

54.(c)(3): No evidence by CCFFH of written physician orders for medications discontinued/changed while client #1 has been admitted to CCFFH. Per progress note dated 1/22/2024, physician discontinued two medications but no supporting documents was provided by CCFFH.



Compliance Manager



Primary Care Giver

2/14/24  
Date  
2/14/24  
Date

2/14/2024 12:12:41 PM

CTA RN Compliance Manager: Ryan Nakamua

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

PCG's Name on CCFFH Certificate: Princess Juna Cariaga  
(PLEASE PRINT)

CCFFH Address: 94-567 Awamoi 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?
16.(b)(3)	Confidentiality practices documentation for Client#1 filed in the chart.	2/21/24	Home will use a checklist of items required and will be completed within 1-2 days of admission.
16.(b)(5)	Confidentiality training for CG#1 reviewed.	2/21/24	Home will use a checklist of items required for CGs and will be completed within 1-2 days of providing care.
16.(c)(1)	Consent to disclose client information obtained from the CMA for Client#1.	2/21/24	Home will use a checklist of items required and always filed in the Clients chart within 1-2 days of admission.

All items that were corrected are attached to this POC

PCG's Signature: *Princess Juna Cariaga*

Date: 2/22/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamua

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

PCG's Name on CCFFH Certificate: Princess Juna Cariaga

(PLEASE PRINT)

CCFFH Address: 94-567 Awamoi 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?
41.(b)(4)	CG#6 disclosure form sign and completed placed on CCFFH binder.	2/14/24	Home will use checklist of items required and will be completed within 1-2 days of hiring a new CGs.
41.(b)(8)	Lapsed cannot be corrected.	2/18/24	PCG will use cellphone or calender reminder two months before due date.
41.(c)	Lapsed cannot be corrected.	2/21/24	PCG will use cellphone or calender reminder two months before due date.
41.(f)(1)	TB clearance for HHM minor placed on CCFFH binder.	2/15/24	Home will use a checklist of items required for HHM to prevent them from expiring.
41.(g)	CG#4,CG#7 basic caregiver skills sign and updated placed on Client#2 binder. CG#4 basic caregiver skills sign and completed placed on Client#1 binder.	2/21/24	PCG will notify Client's CMA that all necessary documents needs to be done of a caregiver being added to the home.
43.(c)(3)	CG#4,CG#7 RN deligation was done and updated placed on Client#2 binder. CG#4 RN deligation was done and sign placed on Client#1 binder.	2/21/24	PCG will notify Client's CMA that RN deligation needs to be done right away of a caregiver being added to the home.

All items that were corrected are attached to this POC

PCG's Signature: *Princess Juna Cariaga*

Date: 2/22/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamua

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

PCG's Name on CCFFH Certificate: Princess Juna Cariaga  
(PLEASE PRINT)

CCFFH Address: 94-567 Awamoi 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?
45.(1)(2)(3)	Client#1 Grievance policies and procedures completed placed in binder.	2/22/24	Home will inform Client/POA of grievance policies and procedure on the day of admission.
47.(c)	List of medications side effects updated placed on Client#1 binder.	2/22/24	Home will notify client's CMA that side effects of current medication list needs to be done 1-2 days of admission.
47.(d)(1)	Physician order for use of bed side rails for Client#1 and Client#2 was obtained.	2/21/24	Home will obtain physician order for use of bed side rail within 1-2 days of using bed side rails.
47.(d)(2)	Current Service Plan addressing use of bed side rails for Client#1 and Client#2 was obtained from CMA.	2/21/24	Home will obtain current Service Plan addressing use of bed side rails from CMA within 1-2 days of physician order.
47.(e)	Client#1, Client#2 Instructions and Training from CMA done.	2/22/24	Home will obtain training from CMA within 1-2 days of client admission.
48.(a)	CCFFH obtained document of who is responsible for Client#1 personal fund.	2/22/24	Home will obtain copy of who is responsible for Client#1 personal fund.
49.(a)(1)	Non-slip surface provided for client's shower/bath area.	2/15/24	Home will install non-slip surface in client's shower/bath area within 1-2 days of moving in a new home.

All items that were corrected are attached to this POC

PCG's Signature: Princess Juna Cariaga

Date: 2/29/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamua

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

PCG's Name on CCFFH Certificate: Princess Juna Caraiaga  
(PLEASE PRINT)

CCFFH Address: 94-567 Awamoi St. Waiphu, 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?
53.(a)	Client#1 POA was informed of client right.	2/21/24	Home will inform Client/POA of client right on the day of admission.
54.(c)(3)	Physician orders for medications discontinued/changed completed placed on Client#1 binder.	2/22/24	Home will obtain physician orders of discontinued/changed medications of client and will notify CMA.  Home will use a checklist of items required and will be completed within 1-2 days of admission.

All items that were corrected are attached to this POC

PCG's Signature: *Princess Juna Caraiaga*

Date: 2/22/24

CTA has reviewed all corrected items