## Foster Family Home - Deficiency Report

**Provider ID:** 1-563107

**Home Name:** Magdalena Bonafe, CNA **Review ID:** 1-563107-17

91-1005 Kaiopua Street Reviewer: Po Lim

Ewa Beach HI 96706 Begin Date: 12/4/2024

**Foster Family Home** [11-800-6] **Required Certificate** 

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.

Deficiency Report issued during CCFFH inspection via email on 12/4/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family F	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	e individual has direct contact with a client; and	
Comment:			

8.(a)(1). AND 8.(A)(2). Fingerprints, APS, CAN were missing for HHM#3.

Foster Family	y Home Personnel and Staffing	[11-800-41]	
41.(b)(4)	Cooperate with the department to complete a psych accordance with section 11-800-7.(b)(2).	osocial assessment of the caregiving family system in	
41.(f)(1)	Tuberculosis clearances that meet department of he	ealth guidelines; and	

Comment:

41.b.4 No updated disclosure form present for CG#1.

41.(f)(1) No current TB clearance for HHM#3 and HHM#4. TB clearance was missing from file.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
3 Person Staning	3 Person Stannia Reduitements	(SP) Stati

(3P)(b)(2) Staff

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

Comment:

(3P)(b)(2) 3-bed sign out sheet was in use at the CCFFH, but signatures were missing from form.

Compliance Manager

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Terri Van Houten

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

PCG's Name on CCFFH Certificate:

Magdalena Bonafe, CNA

(PLEASE PRINT)

CCFFH Address:

91-1005 Kaiopua Street, Ewa Beach HI 96706

(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?
8(a)(1) 8(a)(2)	Attached fitness determination via Fieldprint, which includes fingerprints. Placed into home record.  Obtained APS and CAN for HHM#3 and placed into home record.	12/20/24	Implemented a standardized checklist to verify all required documents are up to date and collected from all CGs. Additionally, home established a quarterly audit to flag incomplete files to ensure compliance with 8 (a)(1) and 8 (a)(2). Home will keep an updated copy of all HHM's APS and CAN in a personal binder.
41.b.4	Updated copy of the disclosure form was placed into home record.	12/20/24	To prevent future issues with missing updated disclosure forms and TB
<b>41</b> .(f).(1)	Provided current TB clearance for HHM#3 and HHM#4; placed into home record.	12/20/24	clearances, home designated the dry erase board in the main hallway as the CG bulletin board. This board will include an Excel spreadsheet that includes upcoming due dates and required updates for caregivers (CGs) and household members (HHMs). Home will conduct periodic audits and cross-check that all files in the personal binder with CG bulletin board are up to date and match to ensure all necessary documentation, such as disclosure forms and TB clearances, is complete and current per 41. (b)(4) and 41. (f)(1).
(3P)(b) (2) Staff	Addressed the missing signatures, cross checked with CG#2 to confirm when CG#1 left and returned. Corrected with late signature entry.		Home designated two sign-in/sign-out stations: (1) by the garage entry door and (2) by the main entrance door with a reminder sign to prompt all CGs to sign in and out consistently. In addition, CG#1 will review logs at the end of each shift to identify and resolve any missing entries immediately in the future.

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PCG's Signature:

myright

Date: 01/03/x

CTA has reviewed all corrected items