

Foster Family Home - Deficiency Report

Provider ID: 1-240019

Home Name: Tiffany Leota, NA

Review ID: 1-240019-3

91-870 Haehae Place

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 11/22/2024

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/22/2024 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;

Comment:

8.a.1. All CGs and HHMs (18yrs and older) did not have a copy of the sex offender registry report.

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

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).

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

Comment:

41.b.4 No disclosure form present for CG#2.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#2 and CG#4. It was due on/before 7/19/2024.

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 #1 for CG#2, CG#3, and CG#4.

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Foster Family Home

Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - No fiscal records present for 2024.

Foster Family Home

Records

[11-800-54]


54.(a)(3) A list of applicable community resources.

54.(c)(8) Personal inventory.

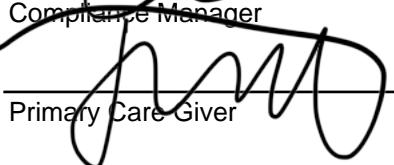
Comment:

54(a)(3) The CCFFH did not have a list of applicable community resources.

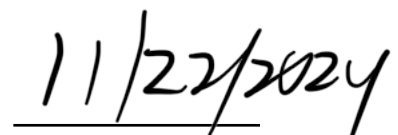
54(c)(8) Client#1 did not have evidence that a personal inventory log has been initiated and/or maintained.



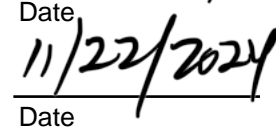
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Po Lim RN

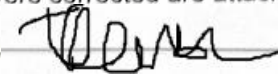
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Tiffany Leota
(PLEASE PRINT)

CCFFH Address: 91-870 Hae Hae PI 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.	completed CGs and HHMs (18yrs and older) copy of sex offender registry report	12/9/24	Review comties.com (website) for future references/updates
41.(b)(4)	CG#2 completed disclosure form	12/5/24	Complete a weekly binder checks table of contents for proper forms/ documents for all on-site inspections and meeting HAR requirements.
4.1(b)(8)	CG#2 & CG#4 completed Bloodborne Pathogens & Infections Control	11/24/24	Expiration Checklist generated for PCG to follow up/comply documents renewed no later than the day after to meet all HAR and requirements on on-site inspections
43.(c)(3)	Unable to Make Corrections	---	Made verbal attempts to complete delegation prior to admission of client, last attempt schedule for group delegation Dec. 1, 2024. CM refuse to conduct delegations. Will make sure delegations are complete the day of admission for PCG and all SCG
52.(b)	Completed the monthly budgeting for the month of Oct, Nov, Dec. in addition completed fire drill twice in Nov. for missing October and one in Dec. completed by SCG	11/24/24	Conduct monthly fire drill every first Sunday of the month. All CGs and HHMs will participate. Conduct monthly update for budgeting for all on site inspections and meeting HAR requirements.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/10/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim RN

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Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Tiffany Leota

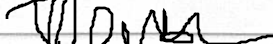
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CCFFH Address: 91-870 Hae Hae PI Ewa Beach, HI, 96706

(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?
54.(a)(3)	Printed hard copy for binder	12/6/24	Inform and educated all CG how to access Senior Resources Handbook To meet all on site inspections and meeting HAR requirements.
54.(c)(8)	Completed clients personal inventory with client.	12/9/24	Caregiver and client will complete and maintain clients personal inventory log. All new and remove item bin will created to help both client track personal items and caregiver maintain clients personal items. (In process)

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/10/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: _____

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

PCG's Name on CCFFH Certificate: Tiffany Leota
(PLEASE PRINT)

CCFFH Address: 91-870 Hae hae Pl Ewa Beach, HI, 96706
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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?
43.(c)(3)	Obtained RN delegations for SCG#1, SCG#2, SCG3 completion dates on (12/20/24) & (12/21/24)	12/20/24	Any issues arranging RN delegations, PCG will notify [REDACTED]

All items that were corrected are attached to this POC

PCG's Signature: _____ *Tiffany Leota*

Date: 1/03/2025

CTA has reviewed all corrected items