

Foster Family Home - Deficiency Report

Provider ID: 1-591356

Home Name: Gloria Aves, CNA

Review ID: 1-591356-17

98-1519 Hoomahie Loop

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 5/29/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 5/29/2025).

Foster Family Home	Background Checks	[11-800-8]
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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 of APS/CAN clearance for CG#3. APS/CAN clearance was due by 10/26/2024 and completed on 4/14/2025.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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): Evidence provided by CCFFH of lapse of TB clearance for CG#3. TB clearance was due by 11/26/2024 and completed 3/10/2025.

41.(b)(8): No evidence provided by CCFFH of current bloodborne pathogen training for CG#4. Documents provided by CCFFH were not accepted by CTA.

41.(b)(8): No evidence provided by CCFFH of CG#4 met minimum 12 hours of annual in-service training within the past 12 months or 24 hours in the past 24 months.

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 provided by CCFFH of RN delegations were given by client #2's case management agency for eye drop medication administration to all caregivers. No documentation provided.

Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]


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

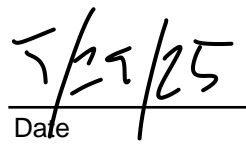
47.(d)(1) By order of a physician;

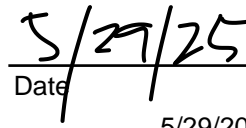
Comment:

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


Compliance Manager


Primary Care Giver


Date


Date

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

PCG's Name: GLORIA M. AVES
 Address: 98-1519 Hoomahie Loop, Pearl City HI 96782
 Date of Visit: May 29, 2025

Rule #	Corrective Action Taken	Date Fixed	Prevention Strategy
8.a.2	We cannot bring back a lapsed date and to mitigate the issue, an APS/CAN clearance for CG#3 was obtained and filed in the Home binder on a later date.	4/14/25	The Home will make a printed summary of all the expiration/due dates of all the requirements and put a copy on the front part of the binder to be reviewed every first week of the month. Background checks will be done at least 2 weeks before the due date to prevent future lapses.
41.b.7	Lapse cannot be corrected and to rectify it a TB clearance was obtained for CG#3 and filed in the Home binder on a later date.	03/10/25	In addition to the strategy above, a wall calendar and a phone reminder on due dates will also be set up. PCG will do and notify other caregivers 2 weeks before a document is due for renewal.
41.b.8	A Bloodborne Pathogen Training Certificate for CG#4 acceptable by CTA was reissued and filed in the Home binder.	6/3/25	PCG will see to it that training certificates issued conform to the acceptable formats that comply to the standards set. PCG will do and notify other caregivers 2 weeks before a document is due for renewal.
41.b.8	An additional one credit in-service for 2024 was obtained for CG#4 and filed in the home record binder	6/3/25	PCG will be mindful and make sure that a total of at least 12 credits of in-services for all caregivers will be satisfied and certificates will be filed in the Home binder. A summary of the trainings accomplished with their corresponding credits will be inputted on a table placed in front of the certificates as soon as the certificate/s is available.
43.c.3	RN Delegation for Eye Drop Medication was done for all caregivers by Client #2's CMA and filed in the home binder.	6/4/25	The PCG together with the admitting RN will review what care and services to a client requires RN Delegations upon admission. These will be delegated upon admission of a client in the Home. When a new caregiver is added, the PCG will notify the CMA to do the RN Delegation/s within a week after a caregiver is added.
47.d.1	A physician's order for the use of a ¼ bed side rail for Client #1 was obtained and filed on her binder.	6/16/25	The PCG will get a doctor's order before using a physical restraint on a patient.

[✓] All items that were corrected are attached to this POC.

PCG's Signature: _____

GMAves

Date: _____

6/22/25

[X] CTA has reviewed all corrected items