

Foster Family Home - Deficiency Report

Provider ID: 1-511643

Home Name: Loreen Troxel, CNA

Review ID: 1-511643-16

98-881 Iilee Street

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 2/26/2025

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: 2/26/2025).

6.(d)(1): No evidence provided by CCFFH of current 1147 assessments for client #2 and #3.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1): No evidence provided by CCFFH of sex offender registry searches were conducted for CG#1 and CG#3. No documentation provided.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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.

Comment:

41.(b)(5): No documentation provided by CCFFH of alternate transportation plan for CG#2 and CG#3.

41.(h): CTA arrived for recertification inspection and found unapproved caregiver providing care/watching clients with no approved caregiver on property. Unapproved caregiver stated that CG#1 left CCFFH to "pick up medications". CG#1 arrived approximately 20 minutes after CTA's arrival.

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 any RN delegations were given by client #1's case management to CG#3.

43.(c)(3): No evidence provided by CCFFH of RN delegations were given by client #2's case management agency for inhalation medication administration for all caregivers.

43.(c)(3): No evidence provided by CCFFH of RN delegations were given by client #3's case management agency for topical medication administration for all caregivers.

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Foster Family Home

Physical Environment

[11-800-49]

- 49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.
- 49.(c)(2) The primary or substitute caregiver shall follow infection control procedures and proper procedures for disinfecting equipment and devices used in the care of the client; and
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(b)(3): No call bells were found in client #1, #2, and #3's bedrooms.

49.(c)(2): Soiled bed linens noted on client #3's bed.

49.(c)(3): Large hole found in screen window located in client #2's bedroom.

Foster Family Home

Quality Assurance

[11-800-50]

- 50.(b) Adverse events shall be reported
- 50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50(b)(2): No evidence provided by CCFFH of written adverse event reported to client #1's case management agency related to ER visit that occurred on 1/9/2025.

Foster Family Home

Fiscal Requirements

[11-800-52]

- 52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a): CTA unable to verify/determine CCFFH has adequate resources to finance its services. Current bank statement provided showed a negative balance.

Foster Family Home

Records

[11-800-54]

- 54.(c)(1) Client's vital information;
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(1): No documentation provided by CCFFH of client #1's current face sheet.

54.(c)(2): No evidence provided by CCFFH of client's current service plan for client #2. Last service plan provided was dated 7/18/2024 and not signed by client. Client was admitted to this CCFFH on 9/02/2024.

54.(c)(8): No documentation provided by CCFFH of inventory of personal belongings for client #1.



Compliance Manager

Primary Care Giver



Date



Date

CTA RN Compliance Manager: Ryan NakamuraCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-600PCG's Name on CCFFH Certificate: Loreen Troxeel

(PLEASE PRINT)

CCFFH Address: 98-881 Iliee Street, Aiea, HI 96701

(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?
6.(d)(1)	1147 was obtained for client #2 and #3	3/17/25	Home will notify client's CMA that 1147 is needed on the day of Admission
8.(a)(1)	Sex offender registry searches were conducted for CG #1 & CG#2	3/17/25	Home will use spreadsheet to identify list of required items
41.(b)(5)	Alternate transportation plan for CG #3 was done by CG #1	3/17/25	CG#1 will ensure that all alternate driver gets done within 1-2 days of a caregiver added
41.(h)	CG #1 will ask only approved caregivers to assist with providing care/watching clients when CG#1 needs to leave the CCFFH	3/17/25	Home will use a calendar to schedule caregivers when CG#1 needs to leave the CCFFH
33.(c)(3)	RN delegation was done for client #1, #2, #3 by the client's CMA. It was placed into the clients record.	3/17/25	Home will notify client's CMA that RN delegation needs to be done within 1-2 days of a caregiver being added to the home.
43.(c)(3)	RN delegation was done by client #3 CMA for inhalation medication administration for all caregivers.	3/17/25	Home will notify client's CMA that RN delegation needs to be done within 1 day of new medication added to the client's medication list

☒ All items that were corrected are attached to this POCPCG's Signature: Jarvis D. TroxeelDate: 4/1/25☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan NakamuraCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800G's Name on CCFFH Certificate: Loreen Troxel
(PLEASE PRINT)CCFFH Address: 98 -881 Iliee St. Aiea, HI 96701
(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?
3.(c)(2)	RN delegation was done by client #3's CMA for topical medication administration for all caregivers	3/17/25	Home will notify client's CMA that RN delegation needs to be done within 1 day of new medication added to the client's medication list
49.(c)(3)	CG#1 placed a call bell in client #1, #2, #3's bedrooms	3/17/25	Home will use a spreadsheet to identify list of required items that needs to be in place when a new client is admitted to the CCFFH
49.(c)(2)	CG #1 changed soiled bed linens to clean ones on client #3's bed	2/26/25	Home will check each client's bed linens every 1-2 hours if soiled and will change to new ones to ensure cleanliness
49.(c)(3)	Large hole in screen window in client #2's bedroom was patched	2/26/25	Home will do needed repair promptly within 1-2 days upon findings
50.(b)(2)	Adverse Event Report was done for client #1's ER visit on 1/9/25	3/17/25	Home will use spreadsheet to identify list of required items when client has an adverse event occurrence
52.(a)	CG#1 was able to deposit funds to bring balance to a positive amount	2/26/25	Home will check bank balance every month to ensure adequate funds are available to finance services

☒ All items that were corrected are attached to this POCPCG's Signature: Loreen TroxelDate: 4/1/25☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan NakamuraCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800PCG's Name on CCFFH Certificate: Loreen Troxel

(PLEASE PRINT)

CCFFH Address: 98-881 Iliee St. Aiea, HI 96701

(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.(c)(1)	Current face sheet for client #1 was obtained from the CMA	2/26/25	Home will review each client's record every month on the 1st for completeness
54.(c)(2)	Current service plan for client #2 was obtained from the CMA	2/26/25	Home will review each client's record every month on the 1st for completeness
54.(c)(3)	Inventory of personal belongings for client #1 was done by CG #1	2/26/25	Home will review each client's record every month on the 1st for completeness

☒ All items that were corrected are attached to this POCPCG's Signature: Loreen O. TroxelDate: 4/1/25☒ CTA has reviewed all corrected items