

Foster Family Home - Deficiency Report

Provider ID: 1-230055

Home Name: Norlito Sarmiento, NA

Review ID: 1-230055-4

94-232 Moena Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/27/2025

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 visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/27/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2 and CG#3.

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

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.

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)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#7. It was due on/before 1/3/2025.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#3. CG#3 requires 8 hours of in-service training, but had only 7 hours attended in 2024.

41.g. No basic skills check present in record for CG#2 and CG#6 for Client #2.

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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#6, and CG#8.
No RN delegation present for Client #1 for CG#6.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(2) No current signature of POA/OPG/Client for service plan present for Client#1.
No current service plan present for Client#2. Last one in record is dated 9/3/2024.

54(c)(5) MAR was not documented daily for Client#1. Sheet not completed from 5/25/25 thru 5/26/25.
MAR was not documented daily for Client#2. Sheet not completed from 5/21/25 thru 5/26/25.

54(c)(6) ADL/Vital Signs flowsheet was not documented daily Client#1. Sheet not completed from 5/25/25 thru 5/26/25.
ADL/Vitals Signs flowsheet and was not documented daily Client#2. Sheet not completed from 5/21/25 thru 5/26/25.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Lim Po, RN

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

PCG's Name on CCFFH Certificate: NORLITO SARMIENTO

(PLEASE PRINT)

CCFFH Address: 94-232 MOENA PLACE, 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)(5)	CG#2, CG#3 retrained, and training documentation is on file. PCG alerted the SCGs noted above that they must be re-trained; training was provided on 05/28/25 and 06/14/25	05/28/25 CG2 06/14/25 CG3	Confidentiality Policies and Procedures and Client Privacy Rights training will be included on the checklist. PCG will monitor completeness of all required care givers training
41.(b) (8)	CG#7 obtained their bloodborne pathogen certification and it's now on file after their training.	05/08/2025	The checklist created by the PCG will be used in identifying requirements lapse date. The SCG will be then notified by any nearly lapsing requirements and the SCG must renew the requirement on or before it lapses
41.(c)	CG#3 Has a copy of her Inservice Training a copy was given to pcg for chart file completing her required hours of 8.	5/28/2025	All old scg files will be kept until the next annual visit for CTA review
41.(g)	RN/CM [REDACTED] conducted basic skill training for both CG#2 AND CG#6 for Client#2	5/28/2025	PCG will create a schedule for each basic skill check training for every client and schedule will be mark on the facility calendar that is accessible for all caregivers
43.(c)(3)	Rn/cm delegated substitute care givers on 6/10/2025	6/10/2025	Care givers name list will be provided to the clients rn/cm to facilitate easier delegation process
54.(c)(2)	PCG filed the signed [REDACTED] POA on client #1 chart. client #2 SP is on file	5/28/25	An electronic alert (text message) will be prescheduled 2 months prior to the due date of the required service plan of clients
54.(c).(5)	Violation can no longer be fixed. To address the violation,	05/28/25	PCG will post a daily task checklist for all care givers and this checklist will include the MAR in addition to the VITAL signs form and these are to be posted in front of the refrigerator and by the exit area that is being used by all care givers.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 06/26/2025

☒ CTA has reviewed all corrected items

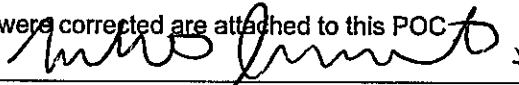
CTA RN Compliance Manager: Lim Po, RN

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Written Plan of Correction (POC)
Chapter 11-800**

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(PLEASE PRINT)

CCFFH Address: 94-232 MOENA, WAIPAHU, HI 96797
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