

# Foster Family Home - Deficiency Report

Provider ID: 1-561060

Home Name: Emma Balallo, CNA

Review ID: 1-561060-8

94-513 Hiahia Loop

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 7/16/2021

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

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(4) Staff To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

(3P)(b)(4) Staff No proof in CCFFH binder of CG 2 3 4 5 or 6 qualifying for a 3 bed home.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d)(2) Face sheet and service plan list [REDACTED] for client #1 [REDACTED]. Client received [REDACTED], also for [REDACTED] PCG states she [REDACTED] without adverse effects

## Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) No wheelchair access to the kitchen. There is a large step down

# Foster Family Home - Deficiency Report

Foster Family Home	Quality Assurance	[11-800-50]
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50.(a)(1) Sudden illness or accident;

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a) internal emergency management policies has not been signed by caregiver 6  
 50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH. CTA waited 10 minutes to be let in. Once in the home the PCG and CG were resistant to a whole CCFFH inspection requiring additional time to explain the requirements

Foster Family Home	Client Rights	[11-800-53]
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53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) visiting hours per CCFFH policy state limited. Per "My choice my way" visiting hours cannot be restricted.

Foster Family Home	Records	[11-800-54]
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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;

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:



54.(c)(5) Client # 1 and 2 medication administration record has not been signed since 7/13/21 for any routine medications

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list has not been filled out since 7/13/21 for client # 1 and 2

54.(c)(2) Service plan for client #1 service plan for [redacted] but [redacted] documented on [redacted] no [redacted] ordered for [redacted] service plan for client # 2 listed for [redacted], but [redacted] documentation shows done on [redacted] approximately [redacted]

54.(c)(7) Client # 1 and 2 No Personal allowance log documentation

54.(c)(8) Client # 2 client belonging record documentation has not been signed by client or PCG

  
 Compliance Manager  
  
 Primary Care Giver

7/16/21  
 Date  
 7/16/21  
 Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Emma D Balallo

(PLEASE PRINT)

CCFFH Address: 94-513 Hiahia Loop 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?
3P.b.4	Each █ CG filled up the application form including their job experiences ( They have been approved by █ as █ CGs for a long time)	7/23/21	I will use a checklist for all █ CGs to make sure they have all required documents when they start working in my CCFFH
47.d.2	CMA corrected the face sheet and service plan for client #1	7/30/21	I will use a checklist like on their allergies, flu shot dates, and vital signs frequency, whenever I admit a new client in my CCFFH.
49.a.4	Installed ramp on kitchen stepdown (turn in picture with this CAP)	7/23/21	I will also instruct my █ CGs to clear the way to the kitchen, bathrooms, bedrooms and all common areas and exit of the home
50.a	█ CG signed the emergency mgt policies	7/17/21	I will use a checklist on all documents that █ CG █ suppose to sign to make sure nothing is missed
50.e	Installed a door bell on sidewalk gate (picture of it will be sent with CAP)	7/23/21	Being attentive to the gate bell ring
53.b.15	Deleted visiting hours and restrictions on my home policies	7/16/21	Include this in my checklist on clients rules. Discuss it with clients and family during admission

All items that were fixed are attached to this CAP

PCG's Signature: Emma D Balallo

Date: 8/2/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Emma D Balallo

(PLEASE PRINT)

CCFFH Address: 94-513 Hiahia Loop 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?
54.c.2	Take complete [redacted] for client #1	7/16/21	Follow service plan and do a spreadsheet with [redacted] and [redacted] every [redacted] from the 1st to the 30th/31st.
54.c.5	[redacted] CG [redacted] sign MAR on a daily basis	7/16/21	MAR is signed after administering the medicines to clients
54.c.6	[redacted] CG [redacted] document daily on the skilled nursing check list	7/16/21	[redacted] CG [redacted] to document after service is done
54.c.7	Filed the client's account record on binder with a check on the "Home does not keep client's fund"	7/16/21	Include the account record on the checklist on admitting clients
54.c.8	[redacted] CG signed client #2's belongings record	7/16/21	Check all clients documents are signed by including this on the checklist on admitting clients

All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

*Emma D Balallo*

Date: \_\_\_\_\_

*8/2/21*

CTA has reviewed all corrected items