

Foster Family Home - Deficiency Report

Provider ID: 1-512419

Home Name: Filma Benigno, CNA

94-302 Hiihuhua Way

Waipahu

HI 96797

Review ID: 1-512419-11

Reviewer: David Ayling

Begin Date: 7/28/2021

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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. CG requests to decrease to a 2 client CCFFH. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 8/28/21.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - APS/CAN expired on 5/29/2021 for HHM #1. Not done until 7/7/2021. Ecrim expired on 1/23/20 for HHM #1. Not done until 3/11/2020. No current APS/CAN and fingerprint for HHM's #3, #4, and #5.

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

47.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, section 16-89-100.

Comment:


47.(a) - No RN delegations present for CG #2 on Client #1.


Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5) - MAR not initialed since 7/22/2021 for both client #1 and client #2 for all medications.


Compliance Manager


Primary Care Giver

7/28/2021
Date

7/28/2021
Date

CTA RN Compliance Manager: David Ayling, RN

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

PCG's Name on CCFFH Certificate: Filma F. Benigno

(PLEASE PRINT)

CCFFH Address: 94-302 Hilihua Way, 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?
8.(a)(1)	I provided current APS/CAN & eCrim for HHM #1 on the day of my recertification.	07/28/21	(1) & (2) - I've made a list of the expiration dates for APS/CAN and fingerprints for all HHM's and placed the list on the front of my CCFFH binder and review monthly.
(2)	I received current APS/CAN and finger prints for HHM's #3, #4 and #5 and placed them in my CCFFH binder.	08/02/21	
47.(a)	RN delegations were done for CG #2 on client #1 by RN CMA.	08/02/21	I will arrange the RN delegations for all CG's immediately, once the client has been admitted to my CCFFH.
54.(c) (5)	MAR was made up to date.	07/28/21	I will chart on the MAR daily.

All items that were fixed are attached to this CAP

PCG's Signature: *Filma F. Benigno*

Date: 8/16/2021

CTA has reviewed all corrected items