

Foster Family Home - Deficiency Report

Provider ID: 5-190079

Home Name: Lielany Defontorum, CNA

Review ID: 5-190079-5

4369 Anai Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 7/21/2021

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

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

Comment:

Unannounced annual inspection for a 2 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/21/2021.

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)- CG#3's APS/CAN/Fingerprinting lapsed on 7/13/2021 and no current renewal result present in the CCFFH binder.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#3's TB clearance lapsed on 6/12/2021 and no current renewal result present in the CCFFH binder.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#2, CG#3, and CG#4 were without evidence of conducting a monthly fire drill for the past 12 months.

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

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

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.

Comment:

49.(a)(4)- Front door of the CCFFH was obstructed with a large exercise machine and a lounge chair preventing a clear pathway for a wheelchair to pass through safely in the event of an emergency.

49.(b)(3)- CG#1's bedroom location was noted to be far from the clients' bedrooms. No monitoring device/call system present in each client's bedroom for clients' use.

Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2, CG#3, and CG#4 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

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;

Comment:

54.(c)(2)- Client #2's Service Plan only had 1 page present out of 8 pages in the client's binder. Incomplete Service Plan.
54.(c)(5)- Medication discrepancy noted for Client #1. One medication's label didn't match the MD order and the Medication Administration Record (MAR).

Maibelle Pulkanie, C

Compliance Manager

[Signature]

Primary Care Giver

7/21/2021

Date

7/27/2021

Date

CTA RN Compliance Manager:

Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Lielany Defontorum
(PLEASE PRINT)

CCFFH Address: 4369 Anai Street, Lihue, HI 96766
(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)	CG #3 APS/CAN Finger-printing.	8/11/21	I have created a form includes all documents that have expirations dates + filed in front each CG and CCFFH binder, and the purpose of this form is to easily review all upcoming renewals required to prevent future lapses.
8.(a)(2)	obtained greenlight determination and filled in the CCFFH binder.		
4.(b)(7)	obtained TB clearance for CG #3, [redacted] result and filed in the CCFFH binder.	7/26/21	
46.(b)(2)	Fire drill was done by CG #2, CG #3 + CG #4. Forms have been put into CCFFH binder.	8/8/21	Fire drills will be done by each CG at least once a year. Home has developed a calendar schedule.
49.(g)(4)	Exercise machine + lounge chair has been taken out from the front door main entrance.	7/22/21	In the future, CCFFH will check and make sure all exit areas are clear for any obstructions on the way, clear from wheelchair accessibility and for emergency.

All items that were fixed are attached to this CAP

PCG's Signature: Ldefontorum

Date: 8/18/21

CTA has reviewed all corrected items

CTA RN Compliance Manager:

Maribel Nakamine

Community Care Foster Family Home (CCFFH)

Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Lielany Defontorum

(PLEASE PRINT)

CCFFH Address:

4369 Anai Street, Lihue HI. 96746

(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?
49.(b)(3)	CG #1 obtained and bought a monitoring device for clients use.	7/30/21	Home has installed a [redacted] to ensure clients safety. to monitor them well. to respond + help them faster.
50. (a)	CG #2, CG #3, CG #4 was trained on Emergency Preparedness plan and signed the form. Forms has been put into the CCFFH binder	7/23/21	In the future, all [redacted] CG will receive this training w/in 7-10 days of being added to the home.
54.(c)(2)	client #2 Service Plan complete + filed in clients binder.	8/7/21	Home will check + make sure all documents needed are present upon admission
54.(c)(6)	Medication discrepancy was corrected by client's CMA, MD and CG #1 on client's medication Administrative Record.	7/30/21	CG #1 will look all medication order, bottles + MAR to ensure all match before signing any new orders medication. Home will notify CMA Pharmacy + doctor if they are different.

All items that were fixed are attached to this CAP

PCG's Signature:

Ldefontorum

Date:

8/18/21

CTA has reviewed all corrected items