

Foster Family Home - Deficiency Report

Provider ID: 1-512261

Home Name: Trinidad Tumbaga, CNA

Review ID: 1-512261-9

91-993 Keoneae Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 8/6/2021

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 recertification inspection.
Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection

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 # 2 caregiver # 4
client # 1 delegation for [REDACTED] does not match the CCFFH actual practice, and has [REDACTED] as a required material when client is not [REDACTED]

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

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) No [REDACTED] from MD for client # 1

Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) no written account of clients funds present for client #1 and 2

Foster Family Home Quality Assurance [11-800-50]

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(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

Foster Family Home - Deficiency Report

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

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

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;

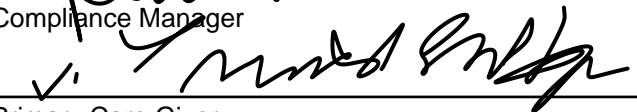
54.(c)(5) Medication schedule checklist;

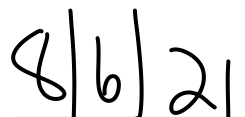
Comment:


54.(c)(2) Service plan for client #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred.


Compliance Manager


Primary Care Giver


Date


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: TRINIDAD TUMBAGA

CCFFH Address: 91-993 Keomae Place, Ewa Beach, Hawaii 96706
(PLEASE PRINT)

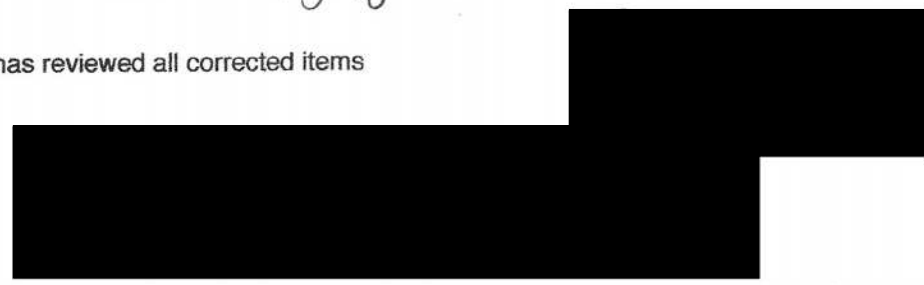
Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43(c)(3)	Nurse [redacted] come to the house to do the delegation of caregiver #4 for the client #1 [redacted]	8/10/21	Write a reminder to my notes that every time I'm adding a new caregiver, I will inform them to do the required re delegation.
43(e)(2)	[redacted] caregiver went to case management agency to update the service plan for client #1. Case management as well as APRN [redacted] of client #1 Dr the [redacted] order from service plan due to client do not utilize the oxygen at the moment. Doctor's order note placed in the chart of client #1	8/12/21	[redacted] Caregiver, RN and case management will read the service plan thoroughly before rendering the services.
47(c)(1)	Obtained written [redacted] for client #1 from APRN [redacted] and placed the notes in client's chart.	8/12/21	Check the service plan and case management and also ask the Doctor for [redacted]
46(a)	Caregiver obtained the form signed by the family that they are responsible for the client #1 financial account. The form is placed in client's #1 chart. For client #2 she wrote a note that the son is the one responsible for the financial account. The signed document is placed in client #2 chart.	8/12/21	Write a memo on my notes to have the family/client to sign the client Financial Record.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: August 14, 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: TRINIDAD TUHOGA

CCFFH Address: 91-993 Keena Place Ewa Beach Hawaii 96706
(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?
50(e)	Cones given made by implementing sign/direction to CCFFH front door for the visitor or family to see the doorbell. Installed signs and doorbell in front of the garage.	8/7/21	Maintaining a clear pathways and sign that lead to CCFFH main entrance.
53.(b)(5)	CCFFH visiting hours for clients family has been corrected to 24/7 under my choice my way regulations.	8/7/21	EB will follow visiting hours at 24/7 under my choice my way.
54(c)(2)	Service plan for client #1 has been corrected by client's APRN [redacted] and the physician order note is placed in client chart. Service plan for client #2 has been corrected by Dr. [redacted] and the Dr's Order note is placed in client #2 chart.	8/12/21	EB and Agency case management will read the service plan carefully.
54(e)(5)	Medications discrepancy for client #1 & 2 has been corrected by clients doctors. Doctors order notes has been placed in clients charts.	8/12/21	Everytime there is changes in client medication or supplement EB will obtain a new Doctor's Order from respective clients doctors.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: August 14, 2021

CTA has reviewed all corrected items

