

Foster Family Home - Deficiency Report

Provider ID: 1-120003

Home Name: Adoracion Castillo, CNA

94-665 B Loaa Street

Waipahu HI 96797

Review ID: 1-120003-12

Reviewer: Maribel Nakamine

Begin Date: 8/17/2021

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

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

Comment:

Unannounced recertification inspection for a 3 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/17/2021.

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

47.(d) Use of physical or chemical restraints shall be:

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

Comment:

47.(d), (d)(1)- No MD order for Client #1's [REDACTED]

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 #1's Service Plan dated [REDACTED] without the POA/Client's signature. Client #2's Service plan dated [REDACTED] also without the Client/POA's signature.

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- Medication Administration Record(MAR) was last signed on 8/13/2021.

Client #2- MAR was last signed on 8/13/2021. There were 2 medications that didn't match the MD order, medication label and the MAR.

Client #3- MAR was last signed on 8/13/2021. There were [REDACTED] medications that were not available. No Admission MD order to CCFFH present in client's chart.

Maribel Nakamine, RN 8/17/2021

Compliance Manager

Maribel Nakamine

Primary Care Giver

Date

8/17/2021

Date

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Adoracion Castillo, CNA

(PLEASE PRINT)

CCFFH Address: 94-665 Loaa Street, 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?
47. (d) (d)(1)	Contacted CMA RN to assist in obtaining the MD order. Written order was filed in client #1's chart.	8/24/21	In the future, a written MD order will be obtained for any clients [REDACTED]
54. (c)(2)	Contacted CMA RN to assist in obtaining the signature of the POA of client #1's service plan dated [REDACTED] also with client #2's service plan dated [REDACTED]	8/21/21 8/19/21	In the future, signature of the POA will be obtained for each service plans.
54. (c)(5)	Client #1 Medication Administration Record was signed by CG #1.	8/17/21	CG #1 will sign the Medication Administration Record after giving the Medication.
	Client #2 Medication Administration Record was signed by CG #1. Medication discrepancy was corrected by client's CMA, MD and CG #1 on client's Medication Administration Record.	8/17/21	CG #1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy and/or doctor if they are different.

All items that were fixed are attached to this CAP

PCG's Signature: *Adoracion Castillo*

Date: 8/30/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Adoracion Castillo, CNA

(PLEASE PRINT)

CCFFH Address: 94-665 Loaa Street, 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)(5)	<p>Client #3 Medication Administration Record was signed by CG #1. Medication discrepancy was corrected by clients CMA, MD and CG #1 on clients Medication Administration Record.</p> <p>Contacted CMA, RN to assist in obtaining the MD order about the [REDACTED] medications:</p> <ul style="list-style-type: none">- [REDACTED]- [REDACTED]- [REDACTED]- [REDACTED]- [REDACTED]- [REDACTED] <p>Medications were stopped by the MD on [REDACTED]</p> <p>Contacted CMA RN to assist in obtaining the admission MD order to CCFFH. Written order was filed in client #3's chart.</p>	<p>8/17/21</p> <p><i>ac</i> 5/28/21 8/24/21</p>	<p>CG #1 will sign the medication Administration Record after giving the medication. CG #1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy and/or doctor if they are different.</p> <p>CG #1 will look at all the medications that were stopped by the MD.</p> <p>CG #1 will look if the Admission MD order is filled up by the MD.</p>

All items that were fixed are attached to this CAP

PCG's Signature: *adcastillo*

Date: 8/30/2021

CTA has reviewed all corrected items