

Foster Family Home - Deficiency Report

Provider ID: 1-560872

Home Name: Benilda Dimaya, CNA

Review ID: 1-560872-11

98-1410 A Hoohonua Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 8/24/2021

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/24/2021.

Foster Family Home Grievance [11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1), (2), (3)- Admission Policy and Agreement without signatures of either Client #1 or the POA.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P)(b)(2)Fire- Monthly fire drill times held only on morning and afternoon; no nighttime conducted.

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;

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

Comment:

47.(d), (d)(1), (d)(2)- Client #1's Service Plan specified for use of [REDACTED] in client's bedroom and [REDACTED]; no MD order present.

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, CG#4, and CG#5 were without evidenced of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

Comment:

53.(b)(1)- Client #2 and Client #3 were in a shared bedroom; no written evidence of both clients agreeing to arrangement.

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;

Comment:

54.(c)(2)- Client #1 and Client #3's current Service Plans were without signatures of either the clients or POAs.

Marilyn Nahanine, RA 8/24/2021

Compliance Manager

Date

B Dimayer

8/24/2021

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: Benilda Dimaya
(PLEASE PRINT)

CCFFH Address: 98-1410 A Hoonoua St Pearl City, Hawaii 96782
(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? |
|------------------|--|-------------------------------|---|
| 45.(1), (2), (3) | CG#1 asked the POA to sign the Admission Policy and Agreement. | 9/1/21 | CG#1 will make sure that the Admission Policy and Agreement is read and checked if POA signed the papers. |
| (3P)(b)(2) | CG#2 conducted this month fire drill. | 8/28/21 | CG#1 will create and follow fire drills with different times by a monthly fire calendar for all caregivers. |
| 47.(d)(1)(2) | CG#1 contacted CMA RN to assist in obtaining MD order for [redacted] instead of [redacted]. MD order obtained for [redacted], [redacted] MD order filed in clients chart | 9/21/21 | CG#1 will review the service plan monthly and in the future obtain MD order and file in the client's file. |

All items that were fixed are attached to this CAP

PCG's Signature: Benilda Dimaya Date: 9/24/21

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: Benilda Dimaya

(PLEASE PRINT)

CCFFH Address: 98-1410 A Hoohonua St Pearl City, Hawaii 96782

(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.(a) | Obtained Emergency management policies and procedures. CG#2, CG#3, CG#4 and CG#5 given training and signed the emergency preparedness plan. | 8/26/21 | CG#1 will make sure that all CG's are aware of the emergency preparedness plan. CG#1 will make a schedule for all her caregivers to read and sign the Emergency Preparedness Plan. |
| 53.(c) (1) | CG#1 obtained client #2 and client #3 family their consent that they agree for a shared room. | 9/4/21 | CG#1 will Look and read all the documents and make sure that the family has signed all the necessary documents. |
| 54.(c) (2) | POA signed service Plan for client #1 and client #3 signed service plan. | 9/4/21 | CG #1 will review service plan to make sure that client sign and the POA sign. |

All items that were fixed are attached to this CAP

PCG's Signature: Benilda Dimaya

Date: 10/2/21

CTA has reviewed all corrected items