

Foster Family Home - Deficiency Report

Provider ID: 1-140068

Home Name: Beth C. Peralta, CNA

Review ID: 1-140068-10

94-467 Hene Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 9/1/2021

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 re-certification.
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) CG 4 and 5 have not signed delegation signature log

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

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

Comment:

47.(c)(1) Unable to locate a [REDACTED] [REDACTED] for client # 1, 2 and 3

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)(7) Expenditure records; and

54.(c)(8) Personal inventory.



Comment:

54.(c)(8) Client # 1,2 and 3 Personal inventory sheet is blank and not signed

54.(c)(7) No proof of Expenditure records for client #1, 2 and 3

54.(c)(2) service plan for client # 1 has for [REDACTED] [REDACTED] which the CCFFH does not have, and vital sign frequency not being followed by CCFFH

Service plan for client #2 has for [REDACTED] [REDACTED] [REDACTED] but there are no [REDACTED] [REDACTED] [REDACTED] on the bed


Compliance Manager

Primary Care Giver

9/1/21
Date
9/1/21
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: Beth Peralta
(PLEASE PRINT)

CCFFH Address: 94-467 Hene St 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?
43.(c)(3)	Delegation log was signed and filed by CG#4 and 5	9/2/2021	Will make sure all CG's are properly delegated by RN and sign delegation form accordingly. Place a reminder note in chart.
47.(d)(1)	Contacted Physicians office and requested a signed [REDACTED] Order for Client#1,2 and 3.	9/2/2021	Will make sure to keep all doctor's orders including any changes of [REDACTED] and clients condition and sent a copy to CMA to proper coordinate plan of care in file. Will use a checklist for orders
54.(c)(2)	Service plan for client#1 regarding [REDACTED] [REDACTED] was discussed with CMA and plan was modified due to hallway specification no [REDACTED] [REDACTED] was not appropriate. Client#1 [REDACTED] frequency [REDACTED] is done [REDACTED] and [REDACTED] will be done [REDACTED] as per care plan. Service plan for Client#2 [REDACTED] was ordered from [REDACTED] and while waiting for [REDACTED] pillows are being used temporarily for clients safety.	9/2/2021	Will make sure to maintain a safe and well equip environment for all client safety and client to use [REDACTED] and a [REDACTED] [REDACTED] with [REDACTED] at all times. Will make sure [REDACTED] [REDACTED] are done every [REDACTED] [REDACTED] and as needed per plan of care and all CG are aware to follow plan. Phone reminder to check plan monthly. Client was aware to remind all CG to put [REDACTED] [REDACTED] against [REDACTED] for safety. Post a sign on the wall.

All items that were fixed are attached to this CAP

PCG's Signature: Beth Peralta

Date: 9/02/2021

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: Beth Peralta

(PLEASE PRINT)

CCFFH Address: 94-467 Hene St 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)(7)	Expenditure records for client#1, 2 and 3 are added in file. Client#1, 2 and 3 funds and allowances are being managed by family/representatives.	9/2/2021	Will keep record of clients expenditures appropriately and according to clients desires and necessities. Place a reminder note in chart.
54.(c)(8)	Inventory for personal belongings was done for client#1, 2 and 3 and signed by PCG; family/representative to sign and verify at next visit and filed in each clients chart.	9/2/2021	Will make sure to update inventory signed and verified by responsible parties for new or additional personal belongings and kept in each client's file. Place a reminder note in chart.

All items that were fixed are attached to this CAP

PCG's Signature: BcPeralta

Date: 09/02/2021

CTA has reviewed all corrected items