

Foster Family Home - Deficiency Report

Provider ID: 1-597833

Home Name: Chona Molina, CNA

Review ID: 1-597833-10

94-1038 Lumikula Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/9/2021

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 10/9/2021.

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c)- CG#1 was short of 10 hours of the required 12 hours of annual in service.

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

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- Last monthly fire drill completed/conducted was on 1/13/2021.

Foster Family Home Records [11-800-54]

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(6)- Last progress note entry/documentation was dated on 11/15/2019 for Client #1.

54.(c)(6)- Client #2 with an Adverse Event form completed on 8/5/2021. No written documentation present in client's progress/observation notes.

Maribel Nakamine, RN

Compliance Manager

Date

[Signature]

Primary Care Giver

Date

9/9/21

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: Chona Molina

(PLEASE PRINT)

CCFFH Address: 94-1038 Lumikula Street Waipahu, Hawaii 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?
41.(c)	CG#1 and ■CG had attended in service training and has placed certificates in the CTA binder in the home. CG#1 has completed the 10 hours short of the annual in service and has placed in the binder.	10/03/2021	Will make sure dates will be posted in front of the CTA binder in the home and put alarm on CG#1 cellphone's calendar. Make sure to remind ■CG's to attend virtual In services that are recognized by CTA.
46.(a)	Lapse can not be corrected. Fire drill has been conducted on September 10, 2021 to correct the mistake.	9/10/2021	CG#1 will use a wall calendar to schedule due dates to prevent future lapses.
54.(c) (6)	Daily documentation has been done in a logbook however the progress notes in the home binder lapse cannot be corrected. CG#1 now starts to log in the progress note chart / binder of the client in the home instead of using a separate log book. Client #1 progress note entry from 11/15/2019 up to September 9, 2021 cannot be corrected. Starting 9/10/2021 progress notes has been updated and now is current.	9/10/2021	Make sure that every entry in the client's binder is current and placed in the progress notes.

All items that were fixed are attached to this CAP

PCG's Signature: *Chona Molina, PCG*

Date: 10/3/2021

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: Chona Molina
(PLEASE PRINT)

CCFFH Address: 94-1038 Lumikula Street Waipahu, Hawaii 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) (6)	Client#2 Adverse Event form completed in 8/5/2021 but no written documentation in the progress notes has been corrected and placed as a Late Entry notes attached with it is the discharge summary	9/9/2021	Make sure that all Adverse Events will be documented on the progress notes in the client's binder immediately.

All items that were fixed are attached to this CAP

PCG's Signature: *Chona Molina, PCG*

Date: 10/3/2021

CTA has reviewed all corrected items