

Foster Family Home - Deficiency Report

Provider ID: 1-120060

Home Name: Edsa Almazan, CNA

Review ID: 1-120060-9

94-295 Loaa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 8/10/2021

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 2 person CCFFH completed. Deficiency report issued with corrective action plan due to CTA within 30 day

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) The smoke detector in the bedroom of client # 1 has been altered with foam taped over the sound output.

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

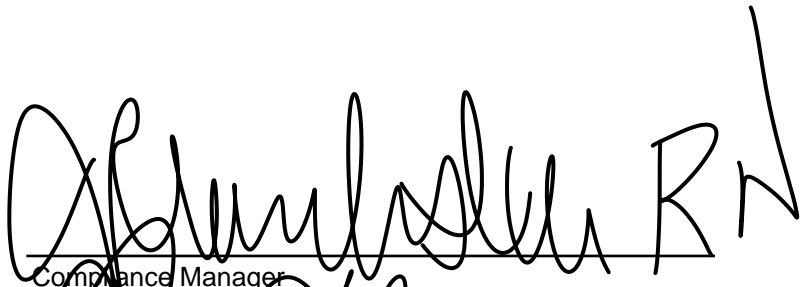
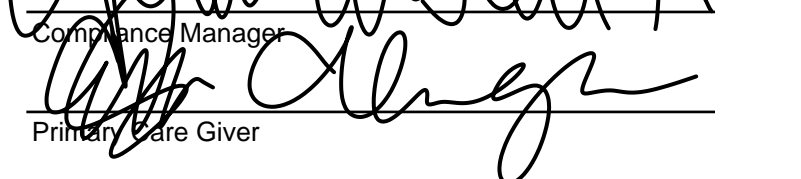
50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:


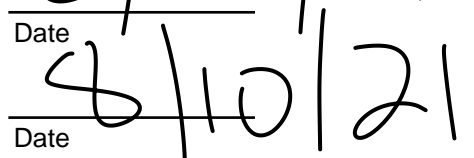
50.(c) The home shall inform the case management agency of any changes occurring in the client's behavior and functioning that may necessitate a change and update of the client's service plan. A verbal report shall be made to the case management agency serving the client within twenty-four hours of the occurrence of any of the following:

Comment:

50.(a)- CG#3 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

50.(c) Client has had [redacted] for [redacted] untreated. RN and MD not notified. [redacted] given only once, client requested [redacted]. An order for [redacted] was not requested from the doctor.


Compliance Manager

Primary Care Giver


Date

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: Edsa Almazan
(PLEASE PRINT)

CCFFH Address: 94-295 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?
46.a	Only identified Fire Alarm in Client #1 room was changed.	8/10/2021 1	Fire Alarm should be kept clean and working. Will do a quick monthly testing for the alarm.
50.a	Page 5 of Emergency Policy was signed by remaining █ CG.	8/12/2021 1	Check every file to make sure everything is updated and correct every month. CG#1 will use wall calendar to keep track of requirements.
50.c	The Visiting Nurse was already aware of Client #1's █ during her visit last █, 2021. But per █ advice, Client #1 was taken to his PCP Doctor █ clinic by █ CG today. █ capsule █ a day was prescribed for █ for █ days.	8/10/2021 1	Everything that concerns Client #1 should notify the Doctor specially when it comes to █, in addition to Visiting Nurse's awareness.

All items that were fixed are attached to this CAP

PCG's Signature:  Date: 8/13/2021

CTA has reviewed all corrected items