

# Foster Family Home - Deficiency Report

Provider ID: 1-563818

Home Name: Efgeni Koh, CNA

Review ID: 1-563818-11

92-485 Awawa Street

Reviewer: Maribel Nakamine

Kapolei HI 96707

Begin Date: 9/3/2021

## 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 10/3/2021.

CG#(PCG) requests to increase to a 3 client CCFFH.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- CG#1's TB clearance expired on 6/2/2021 and no current TB clearance present in the CCFFH binder.

41.(g)- No Basic Skills Checklist for CG#6 on Client #1.

## 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.

43.(c)(4) Include the provision of personal care, homemaker, and respite services as appropriate;

Comment:

43.(c)(3)- No RN delegation present for CG#6 on Client #1.

43.(c)(4)- No written MD order for Client #1's [REDACTED]

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

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#5 without evidence of having conducted a monthly fire drill for the past 12 months.

# Foster Family Home - Deficiency Report

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1, Client #2, and clients' bathroom doors without locks from the inside. Under the My Choice My Way, clients' bedrooms doorknobs and bathrooms should have locks from the inside to provide for clients' privacy rights.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1. One medication was in client's bin without a written MD order. There were 3 medications that were not transcribed in the Medication Administration Record.

54.(c)(6)- Client #1's Daily Care Flowsheet was last signed on 8/30/2021; there was no September 2021 present.

54.(c)(8)- No Personal Inventory present for Client #1.

*Maïsel Nahamine, RN*

Compliance Manager

*[Signature]*  
Primary Care Giver

*9/3/2021*

Date

*9/3/21*

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: Efgeni Koh  
(PLEASE PRINT)

CCFFH Address: 92-485 Awawa Street, Kapolei Hawaii 96707  
(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.(b) (7)	CG#1 current TB clearance was misplaced, found and placed it into CCFFH binder.	9/5/21	Home will make sure current TB clearance and other requirements placed on CCFFH binder. CG#1 to check CCFFH binder more often to prevent misplacement and to keep all records up to date. All caregivers has basic skills checklist on clients files and keep it up to date
41.(g)	Basic Skills Checklist for CG# 6 on client#1, obtained and placed it to client files/binder.	9/5/21	
43.(c) (3)	RN delegation for CG# 6 on client#1 was obtained and placed it into client binder.	9/6/21	Home will make sure RN delegation and other records is updated and have a copy placed in to client binder.
43.(c) (4)	Written MD order for Client#1's about [redacted] was obtained in placed on clients files/binder.	9/3/21	CG#1 will make sure all MD order including [redacted] placed on clients binder and CG#1 to check more frequently the clients record and keep it up to date.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 9/27/2021

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: Efgeni Koh  
(PLEASE PRINT)

CCFFH Address: 92-485 Awawa Street, Kapolei Hawaii 96707  
(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.(b) (2)	CG#5 conducted a monthly fire drill this month (September 2021), copy was placed on CCFFH binder.	9/15/21	Home will make sure all caregivers both CG#1 and CG's will conduct a monthly fire drill alternately. Will use wall calendar to keep track of fire drills.
53.(b) (9)	Client#1, Client#2, and clients bathroom door locks replaced them with lock from the inside.	9/23/21	Home will make sure clients door and bathroom door has lock's from the inside to provide client's privacy.
54.(c) (5)	Client#1 medication found on client bin without a written MD order was removed. The three medication's were added or transcribed in the Medication Administration Record.	9/4/21	CG#1 will make sure all client's medication bin will not mixed with other medication or over the counter meds, that are not belong to them, will make sure all meds in the bin were labeled with the name of client only. Double check with the Pharmacy who make the MAR to make sure all medication prescribed by the doctor was transcribed in the Medication Administration Record. (MAR)

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 9/27/2021

CTA has reviewed all corrected items

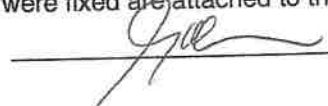
CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Efgeni Koh  
(PLEASE PRINT)

CCFFH Address: 92-485 Awawa Street, Kapolei Hawaii 96707  
(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)	There was Daily Care Flowsheet on Client#1 binder for the month of September 2021, it was mixed or placed on different section, CG#1 placed it on right section which is the Daily Care Flowsheet.	9/4/21	Home will make sure client's monthly Daily Care Flowsheet record is done and signed everyday and placed on the client's files/binder properly and on the right section so that easy to find when need it.
54.(c) (8)	Client#1"s Personal Inventory check list has been filed to the client files/binder	9/6/21	CG#1 will conduct the Personal Inventory checklist at the time of client admission, and any added personal belongings to the client bring by the family or representative, should be in the personal inventory checklist.

All items that were fixed are attached to this CAP  
PCG's Signature:  Date: 9/27/2021

CTA has reviewed all corrected items