

Foster Family Home - Deficiency Report

Provider ID: 1-130028

Home Name: Elsa Atis, CNA

Review ID: 1-130028-13

91-1047 Kuhina Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 8/16/2021

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) No RN delegation present for Client #2, caregiver # 3
Client # 1 no delegation f [REDACTED] -client is on [REDACTED]

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)(5) Medication schedule checklist;

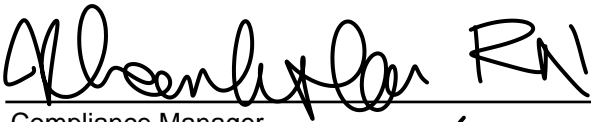

54.(c)(7) Expenditure records; and

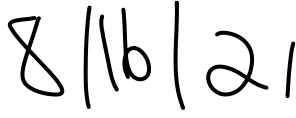

Comment:

54.(c)(7) Resident account record is blank for client # 1

54.(c)(2) Service plan for clients #3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice regarding [REDACTED]

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders. (including [REDACTED]) CMA RN to determine if a medication error has occurred


Compliance Manager
✓ 
Primary Care Giver


Date

Date

CTA RN Compliance Manager: 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: Elsa E. Atis
(PLEASE PRINT)

CCFFH Address: 91-1047 Kuhina St. Ewa Beach Hawaii 96706
(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)	RN came to CCFFH to performed the delegation to caregiver#1,2,3 for client #2. The delegation log is signed and place in the client's #2 records.	8/23/21	In the future, any new skill that needs to be delegated as well as new [redacted] caregiver that needs to be trained will be coordinated to the visiting nurse Using a sticky note reminder.
54.(c) (7)	Client#1 finances is handled by her family. Document was signed and placed in client's records.	8/24/21	In the future, the client or client's representative will sign a note that they will take care of the client's allowance. If not, I will make an accounting on all the expenditures every month. Using a sticky note reminder.
54.(c) (2)	RN came to CCFFH to do inservice to caregiver#1 about what to do when [redacted] occurred to client#3.	8/31/21	Caregiver#1 will coordinate with the visisting nurse to do inservice for the for the new skill. Will schedule within 5 days of admission. In the future, caregiver#1 will make sure that Doctor's order will go to the pharmacy and check that bottles will be labeled correctly. Likewise, I will send any new orders to case management.
54.(c) (5)	Caregiver reached out to the client's Doctor to obtained a new order for client's med as well as got a Doctor's order to DC the old order that was expired. Written order is placed in clients records.	8/30/21	

All items that were fixed are attached to this CAP

PCG's Signature: Elsa E. Atis

Date: 9/3/2021

CTA has reviewed all corrected items