

Foster Family Home - Deficiency Report

Provider ID: 1-170058

Home Name: Felipa Genetiano, CNA

Review ID: 1-170058-7

1305 Nakuina Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 7/27/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/27/2021.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#2's APS/CAN lapsed on 10/10/2020 and no current result present. CG#3's APS/CAN lapsed on 6/20/2021 and no current result present. CG#4's Ecrim lapsed on 6/3/2021 and renewed on 6/22/2021. CG#5's APS/CAN/Fingerprinting lapsed on 1/31/2021 and no current result present in the CCFFH binder.

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

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

Comment:

41.(b)(7)- CG#3's TB clearance lapsed on 6/23/2021; CG#4's lapsed on 7/18/2020; and CG#5's lapsed on 2/11/2021. All were without current results present in the CCFFH binder.

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 the ff:

Client #1- CG#3, CG#4, and CG#6 all without delegations on [REDACTED] medications administration and [REDACTED]

Client #2- CG#3, CG#4, and CG#6 all without delegations on [REDACTED] medications administration.

Client #3- CG#3, CG#4, CG#5, and CG#6 all were without delegations on [REDACTED] medications administrations.

Foster Family Home - Deficiency Report

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)Fire- No monthly fire drill completed from December 2020 thru June 2021.

(3P)(b)(6)Fire- CG#3, CG#4, CG#5, and CG#6 were without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Noted multiple holes on sliding screen door of the lanai- insects/bugs can enter the CCFFH and possibly bite the clients.

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 Client #3's bedrooms with [REDACTED] and no written authorization present in each clients' chart.

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;

Comment:

54.(c)(2)- Client #3's Service Plan dated 4/23/2021 without signature of either client/POA.

54.(c)(5)- Medication discrepancies noted for Client #1. One medication was not transcribed in the Medication Administration Record(MAR). MAR was last signed on 7/21/2021.

Maikel Nakawine, MA 7/27/2021
Compliance Manager Date
Frqucha 7/27/2021
Primary Care Giver Date

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: Felipa Genetiano

(PLEASE PRINT)

CCFFH Address: 1305 Nakuina Street, Honolulu, HI 96819

(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?
8.(a)(1)(2)	APS/CAN obtained for CG#2, CG#3 and CG#5. Filed in home record.	7/28/2021	Home has a calendar to make sure all records are renewed on time.
41.(b)(7)	Home obtained TB clearance for CG#3, CG#4 and CG#5. Filed in home record.	7/28/2021	Home has a calendar to make sure all records are renewed in time.
43.(c)(3)	RN Delegation was done for CG#3, CG#4, CG#5 and CG#6 by the client's CMA. It was placed into the client record.	9/6/2021	CG#1 will make sure all of the CG's will be delegated and signed the client's plan of care.
(3P)(b)(1)	I cannot go back into the past to correct the problem.	7/28/2021	Home will make sure to conduct monthly fire drill for client's safety. Will make note on calendar.
(3)(b)(1)	Fire drills will be done with CG at least once per year	7/28/2021	Home will make sure to include CG during fire drill to address client's needs during emergency. Will make note on calendar.
49.(c)(3)	Screen doors should be free from holes to prevent insects/bugs to get in the home.	7/28/2021	Home will make sure to maintain all screens free from holes for client's protection.

All items that were fixed are attached to this CAP

PCG's Signature: Felipa Genetiano

Date: 9/8/2021

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: Felipa Genetiano
(PLEASE PRINT)

CCFFH Address: 1305 Nakuina Street, Honolulu, HI 96819
(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?
53.(b) (9)	Home got an approval from client's family/representative for a [REDACTED] at client's room	8/1/2021	Home will make sure to have a written authorization from client's family/representative to place a [REDACTED] on their rooms and filed at the client's charts.
54.(c) (2)	Home got the client's family/representative to review and sign client's care plan.	8/1/2021	Home will make sure client's family/representative has signatures on client's care plan each time it is renewed.
54.(c) (5)	Home clarify all medication labels to the medication administration records.	7/29/2021	Home will sign medication administration record after giving medication and make sure that the medication administration records match at all time before giving medication. Home will notify CMA if different.

All items that were fixed are attached to this CAP

PCG's Signature: Felipa Genetiano

Date: 9/6/2021

CTA has reviewed all corrected items