

Foster Family Home - Deficiency Report

Provider ID: 1-511932

Home Name: Helen Mollman, CNA

Review ID: 1-511932-11

94-767 Kaaka Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 8/11/2021

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 3 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/11/2021.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- Blood borne pathogen and infection control training expired on 2/1/2021 for CG#1.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

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

Comment:

(3P)(b)(1)Fire- Last monthly fire drill was on 9/18/2020.

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:

Comment:

50.(a)- No Emergency Preparedness Plan training present for CG#3 and CG#4.

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;

Comment:

54.(c)(5)- Client #1 and Client #2's Medication Administration Records were last signed on 8/9/2021.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed on 8/9/2021. Last progress notes documentation for Client #1 was on 9/23/2020.

Maribel Nakamine, RN 8/11/2021

Compliance Manager

Helen Mollman

Primary Care Giver

Date

8/11/2021

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: HELEN MOLLMAN
(PLEASE PRINT)

CCFFH Address: 94-767 KAAKA ST. WAIPAHAU, 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(b)(8)	I ATTENDED THE IN-SERVICE	8/22/21	I WILL PUT IN MY PHONE CALENDAR REMINDER AHEAD OF TIME TO PREVENT ON HAPPENING AGAIN.
(39)(b)(1)	STARTED DOING MY MONTHLY FIRE DRILL	8/15/21	I HAVE TO PUT OUT THE FORM & STICK IT ON THE FRIDGE & PUT A LARGE RED WORDS REMINDER.
50.(a)	EMERGENCY PREPAREDNESS PLAN EXPLAINED TO CG'S	8/23/21	- PREPARE ALL THE NECESSARY PAPERS FOR CG'S. - IT'S BEEN POSTED ON THE BULLETIN BOARD & AT THE BACK OF CG BINDER. I DID NEW ONE ANYWAY.
54(c)(5)	INITIALED THE MEDICATION SCHEDULE CHECK-LIST	8/11/21	MEDICATIONS WERE GIVEN BUT WASN'T INITIALED RIGHT AWAY. TO PREVENT FROM MISSING INITIALS, I HAVE TO BRING IT OUT ON THE COUNTER EACH TIME I GIVE IT.
54.(c)(6)	INITIALED THE ADLs & STARTED WRITING PROGRESS NOTES	8/11/21 8/17/21	I HAVE TO PUT IT TOGETHER WITH THE MEDICATION LIST SO I CAN INITIAL THEM AT THE SAME TIME. MAKE A HABIT TO WRITE ON PROGRESS NOTES.

All items that were fixed are attached to this CAP

PCG's Signature: H Mollman

Date: 9/10/21

CTA has reviewed all corrected items