

# Foster Family Home - Deficiency Report

Provider ID: 1-518714

Home Name: Imelda Fagaragan, CNA

Review ID: 1-518714-11

94-1167 Hina Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 9/8/2021

## 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 visit 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 # 1 for wound care

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) Unable to locate a diet order for client # 1

## Foster Family Home Client Rights [11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7)No order for [REDACTED] r client # 1

# Foster Family Home - Deficiency Report

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;

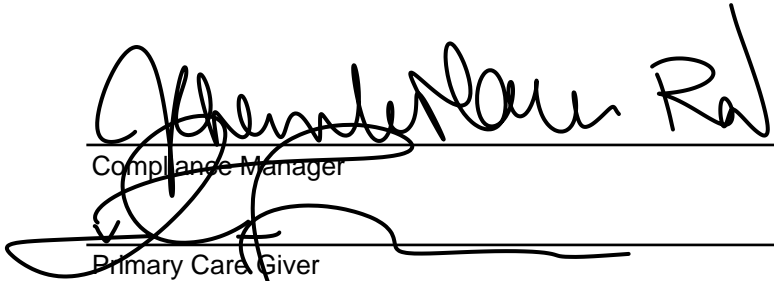
54.(c)(8) Personal inventory.

Comment:

54.(c)(2) Service plan for client #1: No evidence of [REDACTED] since 2019 current [REDACTED] is not being followed and is not in service plan to leave [REDACTED] air as of 8/4/21

54.(c)(7) Resident account record is not present for client # 1

54.(c)(8) Personal inventory is not present for client # 1 and 2

  
Compliance Manager

  
Primary Care Giver

9/8/21  
Date

9/8/21  
Date

CTA RN Compliance Manager: Jackie Chamberlain, RN

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

PCG's Name on CCFFH Certificate: Imelda Fagaragan

(PLEASE PRINT)

CCFFH Address: 94-1167 Hina 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?
43.c.3	RN Delegation was done for Client #1 by the client CMA. It was placed into the client record.	09/26/21	Home will notify client's CMA that RN delegation needs to be done immediately when new client care are ordered by client's physician.
47.d.1	Physician [redacted] order was obtained for client #1. It was placed into the client record.	09/09/21	Going forward, home will use checklist on new client and include physician order for diet on the list.
53.b.7	Physician order for [redacted] was obtained for client #1. It was placed into the client record.	09/09/21	Going forward, home will use checklist on new client and include physician order for [redacted] on the list.
54.c.2	Service plan for client #1 was updated and signed. It was placed into the client record.	09/26/21	Home will use post it reminders to review and sign client service plan.
54.c.7	Spouse signed agreement that he's responsible for client finances and personal account	12/28/19	Going forward, home will use checklist on new client and include client account record on the list.
54.c.8	Personal inventory was done for client #1 and client #2. It was placed into the clients record.	09/09/21	Going forward, home will use checklist on new client and include personal inventory on the list.

All items that were fixed are attached to this CAP

PCG's Signature: [Handwritten Signature]

Date: 10/05/21

CTA has reviewed all corrected items