

Foster Family Home - Deficiency Report

Provider ID:	1-120029		
Home Name:	Jociel Baysa Domingo-Nones, CNA	Review ID:	1-120029-14
	98-259 A Hekaha Street	Reviewer:	Maribel Nakamine
Aiea	HI 96701	Begin Date:	7/9/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/9/2021.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f)(1) Tuberculosis clearances that meet department of health 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.(f)(1)- HHM#1's TB clearance was signed by an LPN.
41.(g)- No Basic skills checklist completed for CG#2 on Client #1.

Foster Family Home	Client Care and Services	[11-800-43]
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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 CG#2 on Client #1, Client #2, and Client #3 for [REDACTED] administration.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(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), (b)(6)Fire- No monthly fire drill completed for the past 12 months. CG#1, CG#2, and CG#3 without evidence of conducting a monthly fire drill for the past 12 months.

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Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects present in Client #1's chart.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No [redacted] present near toilet in clients' bathroom.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

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)(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.(b), (b)(1)- CG#1, Client #1, Client #2, and Client #3's charts/binders were disorganized which resulted more time and survey/inspection difficult.

54.(c)(2)- Service Plans for each clients expired.

Client #1- expired on [redacted]

Client #2- expired on [redacted]

Client #3- expired on [redacted]

54.(c)(5)- Medication discrepancies noted for Client #2 and Client #3.

Client #2- No Medication Administration Record(MAR) for the month of July 2021. There was one medication's label and MD order that did not match the MAR. MAR was last signed on 6/26/2021.

Client #3- No MAR for the month of July 2021, MAR was last signed on 6/26/2021.

54.(c)(6)-No completed RN monthly visit summary present for Client #1 for the ff: 6/2020, 8/2020, 9/2020, 10/2020, 11/2020, 1/2021, 2/2021, 3/2021, 4/2021, and 5/2021.

54.(c)(6)- Client #2's ADL/Daily Care Flowsheet was last signed on 4/11/2021.

Client #3- January 2021's ADL/Daily Care Flowsheet with missing signatures from January 4-31st.

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

Maibelle Nakasire, RN
Compliance Manager

Date

7/9/2021

[Signature]
Primary Care Giver

Date

7/9/2021

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: Jociel D. Yang

(PLEASE PRINT)

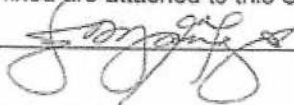
CCFFH Address: 98-259 Hekaha St., Aiea, HI, 96701

(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.(f) (1)	HHM #1 went back to [REDACTED] and got his form signed and checked by an MD.	7/19/21	CG#1 will keep track of all important dates on my calendar.
41.(g)	Skills check was already been signed by CG#2	9/13/21	CG#1 will make logs on all the important dates on the calendar.
(3P)(b) (1), (b) (6)	The fire drill was actually done by all CG's but was misplaced and was already late to show.	9/13/21	CG#1 bought binders, to organize all of the CNA papers/forms.
47.(c)	Medication side effects were showed [REDACTED] papers that comes with medicine)to reviewer but suggested that it needs to be placed and segregate to each patient.	9/13/21	CG#1 made a file binder exclusive only for medication side effects for clients.
49.(a) (2)	[REDACTED] installed.	9/14/21	Secure clients safety by adding [REDACTED] when needed.
54.(b), (b)(1)	charts/binders was been organized and is been checked by my visiting nurse.	9/14/21	CG#1 bought binders and organizers and make sure to place all necessary papers ASAP to prevent misplacing/losing

All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: 09/16/21

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: Jociel D. Yang

(PLEASE PRINT)

CCFFH Address: 98-259 Hekaha St., Aiea, HI 96701

(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) (2)	CMA contacted, Service plan was updated and placed on to each patients binder.	09/14/21	CG#1 will make sure to review clients chart to make sure everything is completed and performed every 6 months as as needed to prevent from misplacing
54.(c) (5)	Medication was already been updated to the MAR together with the Medication order. Lapse can not be corrected. MAR will be signed by CG#1 daily from now on.	07/12/21 07/10/21	CG#1 will make sure that the MAR and medication is the same as the medication order. CG#1 will make allotted time to sign the MAR right after the medication was given. CG#1 will also make sure that binders are organized.
54.(c) (6)	Monthly visit was already placed on the clients binder. Lapse can not be corrected.	09/14/21	CG#1 will make sure to place the monthly visit/flow sheet on the client's binder right away to preven it from misplacing so as signing it daily.
54.(c) (8)	Personal inventory check list was completed and is checked together with the clients belonging.	7/24/21	CG#1 will make sure to check the belongings of the client monthly and ASAP to incorporate with the checklist.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 09/16/21

CTA has reviewed all corrected items