

Foster Family Home - Deficiency Report

Provider ID: 2-614992

Home Name: La Vonnie Fikes, CNA

Review ID: 2-614992-16

15-1991 Poni Moi 29th Street

Reviewer: Terri Van Houten

Kea'au HI 96749

Begin Date: 8/3/2021

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 9/3/21.

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

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

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7) - CG#1 and CG#2 did not have a current TB clearance on file.

41.(b)(8) - CG#1 and CG#2 did not have evidence of BBP/Infection control training within the last 12 months.



41.(c) - CG#2 did not have evidence of 8 hours of inservice training

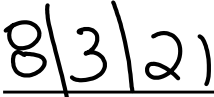
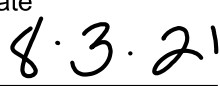
Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Client #1 had two medications with discrepancy between the MAR, MD order and the prescription label.


Compliance Manager

Primary Care Giver


Date

Date

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Fikes CCFFH
(PLEASE PRINT)

CCFFH Address: 15-1991 Poni Moi 29th St., Keaau, HI 96749
(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)(7)	TB clearance done	9/17/21	Home will use wall calendar to put all due dates on inservices and TB clearance
41.(b)(8) 41(c)	BBP/Inservices done	8/4/21 8/5/21 8/6/21	
54(c)(5)	Medication discrepancy was corrected by clients CMA.MD and CG1 on client's medication records and medicine bottle		CG#1 will look at all medication administration records and bottles to ensure they match.

All items that were fixed are attached to this CAP

PCG's Signature: *Lawrence M. Fikes - Enos*

Date: 9/29/21

CTA has reviewed all corrected items