

# Foster Family Home - Deficiency Report

Provider ID: 1-561739

Home Name: Lawrence Sabangan, CNA

Review ID: 1-561739-14

95-475 Awiki Street

Reviewer: Jackie Chamberlain

Mililani

HI 96789

Begin Date: 8/28/2021

## 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 annual inspection. corrective action required to CTA within 30 days

## 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 emergency use of for and

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

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) There were Use of is a in Client # 1 bedroom. There were no consent forms for use of of client privacy without proper consent.

# 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)(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)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(2) Service plan for client #1 did not address (given in [redacted] per [redacted]) The MD order states without further instruction on dosing was not listed as a provider. Nutrition and / or MAR did not include [redacted] client takes [redacted]


54.(c)(7) Resident account record for client # 1 is blank

54.(c)(8) Personal inventory for client # 1 is blank

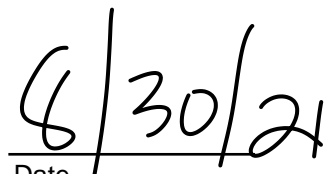
54.(c)(5) MAR client 1 2 and 3 not signed since 8/25/21


Client # 1 is missing a PRN medication for emergency hospice use of [redacted] for [redacted] and [redacted]

54.(c)(6) Daily documentation of the provision of service not signed since July 9 2021

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: LAWRENCE SABANGAN

CCFFH Address: 95-475 AWIKI ST. MILANI HI 96789  
(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) C3)	RN Delegation was done on client's #1 medication. It was placed into the client record.	9/1/2021	Home will notify client's CMA that RN delegation needs to be done upon admission.

All items that were fixed are attached to this CAP

PCG's Signature: J Sabangan

Date: 9/1/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

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

CCFFH Address: 95-475 AWIKI ST. MILILANI, HI 96789.  
(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) (15)	Obtained a copy of consent for [redacted] [redacted] signed by POA.	9/1/2021	CCFFH will make sure to get the clients/ guardian / family member's consent form signed and dated before putting any [redacted] in clients room for privacy.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 9/1/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)  
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Chapter 11-800

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

CCFFH Address: 95-475 AWIKI ST, MILILANI, HI 96789  
(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)	<p>Service plan for Client #1 clarified with RN CM about [redacted], given in [redacted] per [redacted] protocol).</p> <p>RN CM has revised the service plan and follow Doctor's order / instruction on doing and notified Dr's office for order of nurse.</p>	9/1/2021	CG #1 will work together with the RN CM to verify that service plan and CCFFH practices are aligned.

All items that were fixed are attached to this CAP

PCG's Signature: L. Sabangan

Date: 9/1/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: LAWRENCE SABANGAN

CCFFH Address: 95-475 AWIKI ST, MILILANI, HI 96789  
(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) (5)	Medication discrepancy was corrected by clients CMA, MD and CG#1 on clients Medication Administration Record. CG#1 corrected and signed MAR for 8/25/21 clients 1, 2, 3	9/1/2021	CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. Home immediately notify CMA, Pharmacy and doctor if they are different. CG#1 will make sure to sign MAR daily.
	Clients #1 notified doctor's office to obtain a new medication prescription per doctor's order.	8/31/21	CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy, and doctor if they are different.

All items that were fixed are attached to this CAP

PCG's Signature: L. Sabangan

Date: 9/1/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

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

CCFFH Address: 95-475 AWIKI ST. MIULANI, HI 96789  
(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) (6)	CG#1 documentation for personal care, skilled nursing daily check list, flow sheets was done and signed for July 9, 2021.	9/1/2021	CG#1 will make sure to update and do daily documentation.
		9/1/21	CG#1 will make sure to record and sign the monitoring flow sheet daily.

All items that were fixed are attached to this CAP

PCG's Signature: *L. Sabangan*

Date: 9/1/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

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

CCFFH Address: 95-475 AWIKI ST. MILANI, HI 96789  
(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) (7)	Personal allowance log documentation has been initiated for client #1	9/1/2021	Home will utilize a wall calendar that will provide monthly reminders to ensure that personal allowance log for all clients are being maintained.
54.(c) (8)	Personal belongings inventory list for client #1 has been initiated.	9/1/2021	Home will make a calendar wall to remind / provide monthly inventory checklist if it needs to be added, remove or destroy.

All items that were fixed are attached to this CAP

PCG's Signature: *LSabangan*

Date: 9/1/2021

CTA has reviewed all corrected items