

Foster Family Home - Deficiency Report

Provider ID: 1-509309

Home Name: Norma Cabus, CNA

Review ID: 1-509309-10

98-1674 Laauhuahua Place

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 7/28/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/28/2021.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 7/24/19 and renewed on 8/12/19. CG#1, CG#2, and CG#3's Ecrims all lapsed on 7/16/2021 and renewed on 7/26/2021. CG#4's APS/CAN lapsed on 3/5/2020 and no current renewal present. CG#4's Ecrim lapsed on 2/26/2020 and renewed on 3/9/2020. CG#5's Ecrim expired on 7/16/2021 and no current renewal present in the CCFFH binder. HHM#2 without any/current APS/CAN/Fingerprinting result present.

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

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

Comment:

41.(b)(7)- CG#3's TB clearance expired on 6/13/2020 and renewed late on 5/26/2021. CG#4's TB clearance expired on 4/4/2020 and no current result present in the CCFFH binder.

41.(f)(1)- HHM#2 without any result of TB clearance.

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 delegations for the following:

Client #1- No RN delegations on [REDACTED] administrations for CG#3, CG#4, and CG#5.

Client #2- No RN delegations on [REDACTED] administrations for CG#3 and CG#4.

Foster Family Home - Deficiency Report

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(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)Fire- No monthly fire drill completed from the months of May 2020 thru June 2021.

(3P)(b)(6)Fire- No evidence of CG#3, CG#4, and CG#5 having conducted a monthly fire drill for the past 12 months.

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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;

Comment:

54.(a)(1)- Emergency/Evacuation Map didn't match the current exit doors that CCFFH indicated.

54.(c)(2)- Client #1's Service Plan(SP) dated 6/25/2021 did not include additional service [REDACTED] and no client/POA's signature. Client #2's SP dated 3/31/2021 had no signature of either client/POA. Client #3's SP dated 3/24/2021 also without a signature of either client/POA.

54.(c)(5)- Medication discrepancies noted for Client #1. There were 5 medications that were not written in the Medication Administration Record(MAR). There was 1 medication that didn't match the MAR when compared with the medication label and MD's order.

Maritzel Nekani, K 7/28/2021

Compliance Manager

Date

Rose Ceb

Primary Care Giver

7/28/2021

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: Norma Cabus

(PLEASE PRINT)

CCFFH Address: 98-1674 Laahuahua Pl. Pearl City, HI 96782

(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?
8.(a) (1),(2)	CG#4, CG#5 removed.	7/29/21	CG#1 will use an iPhone calendar to schedule due date 2 months in advance to prevent future lapses.
	HHM#2 was obtained a current APS/CAN/ fingerprinting.	7/29/21	CG#1 will use a iPhone calendar to schedule due date 1 month before it is due.
41.(b) (7)	CG#3's TB lapse cannot be corrected. CG#4 removed.	5/26/21	CG#1 will use a iPhone calendar to schedule due date 1 month before it is due.
41. (f) (1)	HHM#2, 2021 TB clearance was obtained. Result was filed in the CCFFH binder.	8/2/21	CG#1 will use an iPhone calendar to schedule due dates alert 1 month in advance.
43.(c) (3)	CG#3, RN delegation done on client #1.	7/30/21	CG#1 will contact clients' CMA RN to perform delegation to all new caregivers within 10 days of adding them to CCFFH.
	CG#4, CG#5 removed. CG#3 RN delegation done on client #2.	8/21/21	

All items that were fixed are attached to this CAP

PCG's Signature: *Norma Cabus*

Date: 8-25-2021

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: Norma Cabus

(PLEASE PRINT)

CCFFH Address: 98-1674 Laauhuhua Pl. Pearl City, HI 96782

(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?
(3P) (b)(1), (6) Fire	Lapse cannot be corrected. CG#3 July fire drill conducted CG#4, CG#5 removed	7/29/21	CG#1 will use a wall calendar to schedule each caregivers at least once a year to conduct the required fire drill.
54.(a) (1)	CG#1 revised the CCFFH's Emergency/Evacuation map.	8/1/21	CG#1 will do revision as needed when there's changes in the CCFFH's home structures.
54.(c) (2)	Client #1's Service Plan was updated by client's CMA RN. Client #2 Service Plan was updated by client's client/ POA. Client #3's Service Plans was updated by client's client/ POA. All documents were filed in each clients' charts.	8/2/21 8/1/21 8/7/21	In the future, CG#1 will contact each clients' CMA RNs to update and or obtain clients'/ POAs signatures.
54.(c) (5)	CG#1 contacted client #1's CMA RN, MD, and Pharmacy to assist with client's medication discrepancies.	8/9/21	In the future, all new medications will be double checked by all caregivers. If there's any discrepancy, the CMA RN, MD, and or the pharmacy will be notified immediately.

All items that were fixed are attached to this CAP

PCG's Signature: *Norma Cabus*

Date: 8-25-2021

CTA has reviewed all corrected items