

# Foster Family Home - Deficiency Report

Provider ID: 1-200057

Home Name: Reylie Andres, NA

Review ID: 1-200057-4

94-326 Hene Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 9/3/2021

## 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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 10/3/2021.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#4, CG#5, HHM#2, HHM#3, and HHM#4.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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.(b)(5)- HHM#2, HHM#3, and HHM#4 without ID's present in the CCFFH binder.

41.(f)(1)- No TB Clearances results present for HHM#2, HHM#3, and HHM#4 in the CCFFH binder.

41.(g)- No Basic Skills Checklist completed on CG#4 and CG#5 on Client #1.

## 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 completed for CG#4 and CG#5 on Client #1. CG#4 was observed to be working in the CCFFH and providing care for Client #1 during inspection as CG#1 was not home at the start of survey.

# Foster Family Home - Deficiency Report

## Foster Family Home

### Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No nighttime fire drill conducted. CG#3, CG#4, CG#5, CG#6, and CG#7 without evidence of having conducted a monthly fire drill.

## 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.

47.(d) Use of physical or chemical restraints shall be:

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

47.(d)(2) Reflected in the client's service plan; and

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

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

47.(d), (d)(1), (d)(2), (d)(3)- Client #2 with a [REDACTED] present. No MD order present and [REDACTED] was not addressed in the client's current Service Plan.

## Foster Family Home

### Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip/rubber mat present in clients' bathroom shower floor.

## Foster Family Home

### Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a)- CG#3, CG#4, CG#5, CG#6, and CG#7 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

50.(e)- No buzzer/intercom present outside of the CCFFH's gate(gate was closed) for CTA/agency to communicate and for quick access/entry.

# Foster Family Home - Deficiency Report

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No written authorization from client/POA present for a [REDACTED] [REDACTED] [REDACTED] in Client #2's bedroom.

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)(3) Current copies of the client's physician's orders;

54.(c)(4) Client's emergency management procedures;

Comment:

54.(c)(2)- No Service Plan present in Client #1's chart/binder. Client #2's Service Plan dated 7/1/2021 without signature of client/POA.

54.(c)(3)- No written MD Admission Order to CCFFH present for Client #1.

54.(c)(4)- No Client Specific Emergency Procedures present for Client #1.

Munkel Nakamine, M 9/3/2021

Compliance Manager

Date

K. Anderson

9/3/2021

Primary Care Giver

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: Reylie Andres

(PLEASE PRINT)

CCFFH Address: 94-326 Hene 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?
16.(b) (5)	Training on confidentiality policies and procedures and client privacy rights was provided for CG#4 CG#5 HHM#2. HHM#3 & HHM#4 Copy of the training was placed into home records.	09/4/21	CG #1 will make sure that I provide training to my CG's before they work with the clients. CG#1 will make sure to provide training for the confidentiality and privacy rights of the clients. CG#1 will use checklist to make sure that confidentiality and privacy rights training is completed.
41.(b) (5)	Name and signature of alternate driver was obtained and copy was placed into home record.	09/3/21	CG#1 to make sure that alternate driver signs alternative transportation plan form before they drive client.
41.(b) (5)	ID was obtained from HHM#2, HHM#3, and HHM#4 and it was placed into the home record or CCFFH binder.	09/19/21	CG#1 will make sure to make copy of HHM's ID.
41.(f) (1)	2021 TB exclusion form was obtained for HHM#2. HHM#3 and HHM#4 it was placed into the home record.	09/03/21	CG#1 will make sure that HHM's does not have patient contact or share patient care area.
41.(g)	RN completed the Basic Skills Checklist with CG#4, CG#5 on client#1 placed into home record	09/10/21	CG#1 will make sure that I notify client's CMA and that RN needs to complete and sign the Basic Skill Checklist with the Caregivers the day of admission

All items that were fixed are attached to this CAP

PCG's Signature: Reylie Andres

Date: 10/01/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Reylie Andres

(PLEASE PRINT)

CCFFH Address: 94-326 Hene street Waipahu HI, 96797

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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 delegations completed for CG#4 and CG#5	09/10/21	CG#1 will make sure that I will notify the clients CMA. RN needs to delegate to the caregiver's before working to the client
46.(a)	A fire drill is conducted in the morning, evening and nights at different times of the month. A record of the drill filed in home binder.	09/15/21	CG#1 to make sure that a schedule is made for the unannounced fire drills each month.
46.(b) (2)	All caregivers are given the proper procedure to follow for fire drills	09/19/21	CG#1 to test every caregiver on procedures monthly.
47.(c)	Medication side effects were list in Client#1's chart side effects were also reported to the client physician and was documented in the caregiver's client progress noted.	09/19/21	CG#1 will make sure all side effects medications will be listed in the clients chart. I will also make sure that the records of Client#1 medication on side effects are kept after the refill from the family.
47.(d) (1)(2) (3)	The [redacted] [redacted] was removed from Client#2's bed.	09/26/21	CG#1 will make sure client who is assigned a [redacted] [redacted] will be listed on Service Plan. CG#1 to review a clients Service Plan before making modifications and get MD order.

All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

*R. Andres*

Date: 10/01/2021

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: Reylie Andres  
(PLEASE PRINT)

CCFFH Address: 94-326 Hene 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?
49.(a) (1)	A non slip and rubber mat was bought and placed in every clients bathrooms.	09/05/21	CG#1 will make sure to check that a non slip mat is present in every clients bathroom.
50.(a)	CG#3, CG#4, CG#5 and CG#6 were give the CCFFH Emergency Preparedness Plan training documents.	09/15/21	CG#1 will check with every caregiver to make sure that they have the document Internal emergency management policies and procedure. I will be checking at least once a month by using checklist.
50.(e)	A buzzer was installed outside of the house gate.	09/05/21	CG#1 will make sure the buzzer is prepared warning giving easy Access/Entry.
53.(b) (9)	A consent forms was given and signed from client/POA present for [REDACTED] [REDACTED] device in Client#2's bedroom	10/01/21	CG#1 will make sure the clients are given their proper privacy and will be asked for consent when [REDACTED]

All items that were fixed are attached to this CAP

PCG's Signature: Reylie Andres

Date: 10/01/2021

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: Reylie Andres

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(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)	Client#1's Service Plan was placed into Chart/Binder. Client#2's Service Plan was Signed by Client/POA	09/30/21	CG#1 will make sure that every client's Service Plan in home binder is dated and signed.
54.(c) (3)	A copy of the client's Physician's Admission order placed into home binder	10/01/21	CG#1 to make sure a copy of the client's Physician's orders are kept in records by using checklist.
54.(c) (4)	Client#1's specific emergency procedures were obtained and placed on home binder.	09/07/21	CG#1 to make sure the every client specific emergency management procedures are kept in home binder/records

All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

*R. Andres*

Date: 10/01/2021

CTA has reviewed all corrected items