

Foster Family Home - Deficiency Report

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 [REDACTED] in Client # 1 bedroom. There were no consent forms for use of [REDACTED] equipment. Use of [REDACTED] is a violation of client privacy without proper consent.

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)(5) Medication schedule checklist;

Comment:


54.(c)(2) Service plan for client #1 is outdated. service plan: lists for a night light (no night light is in client room) and for call bell, no call bell is in client room

54.(c)(3) No MD order for frequency of vital signs, service plan states follow MD ordered frequency


54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred.




Compliance Manager



Primary Care Giver



Date



Date

Foster Family Home - Deficiency Report

Provider ID: 1-200046

Home Name: Carly Abrogena, NA

Review ID: 1-200046-3

94-242 Pupukoa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 9/8/2021

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 2 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to [REDACTED] within 30 days of inspection.

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;

Comment:

8.(a)(1) 2 adult HHM (upstairs) have not completed any background checks

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 proof of training for HHM 1 or 2 on their confidentiality policies and procedures and client privacy rights.

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) TB clearance for HHM 2 and 3 have not been done

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 delegation for wound care [REDACTED] [REDACTED] site on [REDACTED] [REDACTED] are 1 year old and currently severe with black eschar. Unable to determine if there is a treatment plan or if it is being followed. CG 1 states client scratches but there is no evidence of attempt to use [REDACTED] or other mitigation

CTA RN Compliance Manager: Jackie Chamberlain

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

PCG's Name on CCFFH Certificate: Carly Abrogena

(PLEASE PRINT)

CCFFH Address: 94-242 Pupukoea st. Waipahu, Hawaii 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?
8.(a) (1)	It has been determined via evidence given to CTA that the 2 adult HHM (upstairs) have no access to the CCFFH (have outdoor stairway only) and at this time are not required to do background check	10/1/21	CCFFH will continue to be aware of updated CCFFH rules and regulations through the newsletters and [redacted] website and with all regulations
16.(b) (5)	It has been determined via evidence given to CTA that the 2 adult HHM (upstairs) have no access to the CCFFH (have outdoor stairway only) and at this time are not required to do their confidentiality policies and procedures and client privacy	10/1/21	CCFFH will continue to be aware of updated CCFFH rules and regulations through the newsletters and [redacted] website and with all regulations
41.(b) (7)	It has been determined via evidence given to [redacted] that the 2 adult HHM (upstairs) have no access to the CCFFH and at this time are not required to do TB clearance	10/1/21	CCFFH will continue to be aware of updated CCFFH rules and regulations through the newsletters and [redacted] website and with all regulations

All items that were fixed are attached to this CAP

PCG's Signature: Carly abrogena

Date: 10/5/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Jackie Chamberlain

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

PCG's Name on CCFFH Certificate: Carly Abrogena

(PLEASE PRINT)

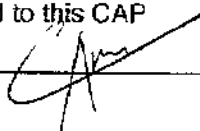
CCFFH Address: 94-242 Pupukoa st. Waipahu, Hawaii 96797

(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?
43.(c) (3)	Client's Doctor ordered a treatment plan for my client's [REDACTED] and I informed RN case manager, She was able to make a delegation for the [REDACTED] care.	9/28/21	Home will make sure to notify clients CMA that RN delegations needs to be done within days after discovering new care for the client. Home will also have a client checklist to determine what needs to be done for the client.
53.(b) (15)	Made a [REDACTED] form and Explained it to my client thoroughly, client agreed and he signed it.	9/28/21	In the future, If a [REDACTED] placed in a clients room, always have a consent form signed by the client to protect their privacy. and Home will have a client checklist to be reminded.
54.(c) (2)	I Informed RN case manager to update the service plan for Client #1. She included night lights that was already provided in the room. and also Call bell was placed in clients room.	9/28/21	Home will notify CMA everytime something is missing in the service plan. Home will have a phone reminder every 6 months to review the service plan with RN case manager.

All items that were fixed are attached to this CAP

PCG's Signature: Carly Abrogena



Date: 10/5/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Jackie Chamberlain

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

PCG's Name on CCFFH Certificate: Carly abrogena

(PLEASE PRINT)

CCFFH Address: 94-242 Pupukoa st. waipahu hawaii 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?
54.(c) (3)	Client's doctor made a written order on how frequently I will take vitals signs for client #1. Rn case manager updated care plan for client #1.	9/28/21	Home will use a client checklist to identify what needs to be done for the client care. Home will also know all the updated rules and regulations of the state so everything in the clients binder is correct and updated.
54.(c) (5)	Notified doctor and RN case manager about the medication discrepancy.	9/28/21	PCG will look at all the medication administration records and bottles to ensure they both match before giving out the medication. Home will immediately notify doctor and RN case manager if they do not match.

All items that were fixed are attached to this CAP

PCG's Signature: Carly abrogena

Date: 10/5/21

CTA has reviewed all corrected items