

# Foster Family Home - Deficiency Report

Provider ID: 1-170071

Home Name: Cristina Dooney, CNA

Review ID: 1-170071-7

94-460 Pilimai Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 9/27/2021

## 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 re-certification.

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

## 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 Screening Clearance:

CG #1 : white out is present on 2019 form and unable to authenticate 2020 and 2021, and for caregiver # 4 cannot be accepted as it is post dated

## Foster Family Home Medication and Nutrition [11-800-47]

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

Comment:

47.(d)(1) Unable to locate a [redacted] [redacted] for client # 2

## 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)(7) Expenditure records; and


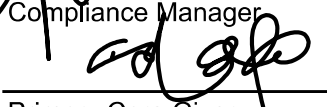
54.(c)(8) Personal inventory.

Comment:

54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

"54.(c)(8) Client # 1 and 2 or 3 Personal inventory sheet is not completed

54.(c)(7) No proof of Expenditure records for client # 1 2 or 3

  
Compliance Manager  
  
Primary Care Giver

9/28/21  
Date  
9/28/21  
Date

CTA RN Compliance Manager: TERRI VAN HOUTEN RN

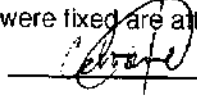
Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

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

CCFFH Address: 94-460 PILIMAI 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?
41.(b) (7)	TB clearance was obtained for CG#1 and CG#4. It was placed into home records.	9/29/21	For CG#1 make sure the form is correct and there is no white out mark and for CG#4 make sure the RN or MD signed the correct date.
47.(d) (1)	Client # 2 [redacted] was obtained and properly recorded.	10/7/21	The home will review and check chart for the recommended orders signed by the MD.
54.(c) (2)	The clients service plan was read, understand and implemented.	10/5/21	CCFFH will read the service plan for each client on admission and every 6 months and follow the written service plan.CCFFH will discuss with CMA if any changes are needed.
54.(c) (7)	Expenditure records for client # 1,2 and 3 are added in file.Client# 1,2,and 3 funds are managed by family/representative.	10/13/21	Will keep records clients expenditure appropriately and place a reminder note in chart.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10/15/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HOUTEN RN

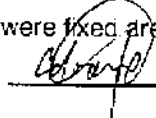
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PCG's Name on CCFFH Certificate: CRISTINA DOONEY  
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CCFFH Address: 94-460 PILIMAI STREET WAIPAHU HI 96797  
(PLEASE PRINT)

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?
54.(c) (8)	Clients # 1,2 and 3 has personal inventory of belongings and its filed in chart.	9/29/21	Home will ensure to record and update clients personal inventory list. and place a reminder note in chart.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10/15/21

CTA has reviewed all corrected items