

Foster Family Home - Deficiency Report

Provider ID: 1-559239

Home Name: Eufemia Aguada, CNA

Review ID: 1-559239-11

94-619 Kipou Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/15/2021

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 annual inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to [REDACTED] on 10/15/2021.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#2, CG#3, CG#4, and CG#5 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- one medication without a written MD order of stop date. MD's latest order in client's chart was for the medication to be given [REDACTED]

Client #2- one daily scheduled medication's dose was written incorrectly in client's Medication Administration Record(MAR).

Dose written was [REDACTED]; MD's order and medication's label was for [REDACTED].

One [REDACTED] medication was not available on hand.

Maribel Nakamine, MSW 9/15/2021
Compliance Manager Date
[Signature] 9/15/2021
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: EUFEMIA AGUADA
(PLEASE PRINT)

CCFFH Address: 94-619 KIPOU ST. WAIKANAHI, 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?
(3P) (b) (6)	CG # 2 - FIRE DRILL DONE AND PLACED IN HOME BINDER CG # 1 CALLED CG # 3, CG # 4, CG # 5 FOR THEIR SCHEDULE TO DO THE FIRE DRILL. CG # 3 - OCTOBER 2021 CG # 4 - NOVEMBER 2021 CG # 5 - DECEMBER 2021	9/17/21	CG # 1 WILL TEXT OR CALL CG # 3, CG # 4, CG # 5 TO REMIND THEIR SCHEDULE ONE MONTH IN ADVANCE, USING A CALENDAR OR CHECK LIST TO PREVENT LAPSES FOR THE FUTURE.

All items that were fixed are attached to this CAP

PCG's Signature: Eufemia Aguada

Date: 10-6-21

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL HARAMINE

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

PCG's Name on CCFFH Certificate: EUFEMIA AGUADA
(PLEASE PRINT)

CCFFH Address: 94-019 KIPON ST. WALPANA, 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) (5)	CLIENT #1 - MD ORDER WAS PLACED INTO THE CLIENT'S #1 BINDER	9/17/21	IN THE FUTURE CG #1 WILL REQUEST MD ORDER RIGHT AWAY FOR DISCONTINUE MEDICATION.
	CLIENT #2 - CG #1 AND CMA DISCREPANCIES FOR CLIENT #2	9/28/21	CG#1, WILL DOUBLE CHECK ALL MEDICATIONS ORDER, BOTTLE AND MAR BEFORE GIVING ANY NEW MEDICATION.
	CLIENT #2 - AVAILABLE ON HAND, LIFE SUSTAINING MEDICATION AS NEEDED	9/28/21	CG #1 WILL NOTIFY MD TO REFILL RIGHT AWAY.

All items that were fixed are attached to this CAP
PCG's Signature: E. Aguada Date: 10-6-21

CTA has reviewed all corrected items