

Foster Family Home - Deficiency Report

Provider ID: 1-170063

Home Name: Giliane Dupra, NA

Review ID: 1-170063-6

91-869 Halalii Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 9/13/2021

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 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 delegation present for Client # 1 or 2 for caregiver # 2

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor living spaces are cluttered in an unsafe manner. The only toilet accessible to the clients is not functioning. The bathroom has a strong odor

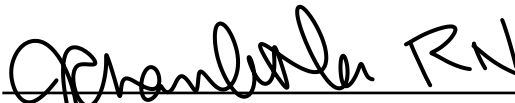
49.(a)(4) Per My Choice My way clients to have open access to the kitchen. There is no wheelchair access to the kitchen with 1 step and blocked by a sliding cardboard

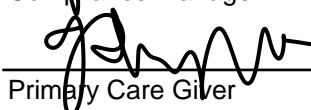
Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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 (including wrong patient name)


Compliance Manager


Primary Care Giver

9/13/21
Date

9/13/21
Date

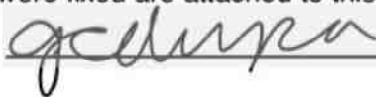
CTA RN Compliance Manager: JACKIE CHAMBERLAIN

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

PCG's Name on CCFFH Certificate: GILIANE C DUPRA
(PLEASE PRINT)

CCFFH Address: 91-869 HALALII ST. EWA BEACH HI 96706
(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)	RN delegation was done for █ CG #2 by 1st and 2nd clients CMA. It was placed into the clients records.	9/18/21	█ CG home will notify clients CMA that RN delegation needs to be done within 7 days of a caregiver being added to the home.
49.(c) (3)	█ CG cleared cluttered mess, organized and put into storage room for clients safety. █ CG unclogged the toilet using drano gel, wash and cleaned toilet using disinfectant for bad odor, Also sprayed lysol.	9/18/21	█ CG will clean up and make sure to organize daily for everyone's safety. █ cg will use Drano Gel every week for unclogging toilet. Will also put lysol spray. Will hire somebody to help me clean once in a while.
49.(a) (4)	█ CG cleared the doorway to kitchen and put a 1 step ramp for clients per my choice my way rules.	9/28/21	█ CG and all █ CG will review clients per my choice my way pertaining to clients rights and accessibility to kitchen, dining and living room.
54.(c) (2)	Clients service plan and Md order discrepancies were corrected by clients CMA and doubled check by █ CG before signing plan. █ CG placed updated clients #1 and #2 MD orders and corrected service plan.	9/28/21	█ cg will double check names and ensure that service plan will be read thoroughly before signing the plan. █ CG will notify clients CMA's and MD's for any discrepancy.

All items that were fixed are attached to this CAP
PCG's Signature: 

Date: 10/11/21

CTA has reviewed all corrected items