

# Foster Family Home - Deficiency Report

Provider ID: 2-160051

Home Name: Joenalyn Solmerin, CNA

Review ID: 2-160051-8

16-1366 36th Avenue

Reviewer: Terri Van Houten

Keaau

HI 96749

Begin Date: 10/5/2021

## 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 home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 11/3/2021.

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

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - No evidence that a fire drill was conducted in September 2021.

## Foster Family Home Records [11-800-54]

54.(c)(1) Client's vital information;

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(1) - Client #1 did not have a face sheet.

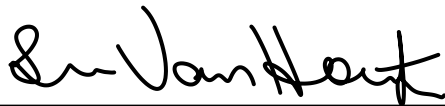
54.(c)(5) - CCFFH did not have an October MAR started for Client #1, #2, or #3. Medication discrepancies noted for Client #1, #2, and #3. (Order and MARs did not match for current orders and dosage). Client #2 had medication that was not reconciled at admission and was not completed.

54.(c)(6) - CCFFH did not have an October ADL flowsheet started for Client #1, #2 or #3.

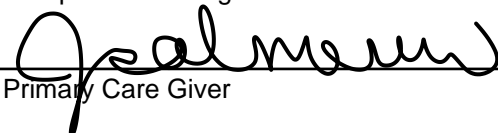
Client #1-last documented 9/25/21, [REDACTED] result last documented 9/26/21

Client #2 last documented 8/22/21

Client #3 last documented 9/7/21



Compliance Manager



Primary Care Giver

10/4/21

Date

10/4/21

Date

CTA RN Compliance Manager: Terri Van Houten CMA,RN

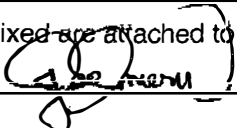
**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Joenalyn Solmerin  
(PLEASE PRINT)

CCFFH Address: 16-1366 36th Avenue Keaau, HI 96749  
(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.1	Lapse cannot be corrected.	10/6/21	Home will use printable calendar to place in-front of fire drill binder and will schedule monthly fire drills to be conducted for all caregivers. Home will notify all caregivers a week before their schedule.
54.c.1	Face Sheet has been provided for client#1 b CMA at the time of admission. █ CG filed it back in client#1 binder.	10/5/21	Home will make sure to file it back to client's binder immediately after its been copied. Will also make extra copies for future medical appointments that requires a copy.
54.c.5	█ CG notified CMAs and MDs for the following medication discrepancies and has been corrected. Instructed to dispose med that was already d/c before admission.	10/6/21	Home will check twice of clients bottle medications, MARs to make sure it matches with MDs orders.
54.c.5	MARs have been updated by CMAs and all caregivers has been notified and reminded to complete documentations immediately.	10/22/21	Home will check and review all MARs daily to make sure it has been completely documented by the scheduled caregivers.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10/30/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten CMA,RN

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

PCG's Name on CCFFH Certificate: Joenalyn Solmerin  
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CCFFH Address: 16-1366 36th Avenue Keaau, HI 96749  
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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?
54.c.6	ADL flow sheets has been completed and all caregivers has been notified and reminded to complete documentations. immediately.	10/6/21	Home will check and review ADL flow sheets daily to make sure it has been completely documented after tasks by the scheduled caregivers.
54.c.6	Vital signs has been completed in a timely manner but was not filed in the clients binder. PCG has placed vital signs monitoring sheets in clients binder.	10/6/21	Home will now keep vital signs monitoring sheets in clients binders instead of a clipboard.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10/30/21

CTA has reviewed all corrected items