

Foster Family Home - Deficiency Report

Provider ID: 1-140072

Home Name: Maria Charlotte Quitevis, CNA

Review ID: 1-140072-9

94-524 Loaa 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.

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)- CG#2's TB clearance lapsed on [REDACTED], was done on [REDACTED]

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

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

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

Comment:

(3P)(b)(1)Fire- No August 2021 monthly fire drill completed.

(3P)(b)(6)Fire- CG#2 without evidence of conducting a monthly fire drill for the past 12 months.

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

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

Comment:

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.

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)(5) Medication schedule checklist;

Comment:

54.(c)(2)- Client #3's Service Plan expired on [REDACTED].

54.(c)(5)- No Medication Administration Record(MAR) for the month of September 2021 present for Client #1, Client #2, and Client #3. Client #1's MAR was last signed on [REDACTED].

Maribel Nakamine, RN 9/15/2021
Compliance Manager Date

Maria Charlotte Quitevis 9/15/2021
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Maria Charlotte Quitevis

(PLEASE PRINT)

CCFFH Address: 94-524 Loaa St. 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)	Lapse cannot be corrected.	7/28/21	Home will use google calendar on cellphone to put all due dates. TB Clearance will be done at least 1 week before due date to prevent future lapses.
(3P)(b) (1)	Fire Drill was conducted for the month of August 2021. It was placed into home record.	9/18/21	Home should use calendar to put dates for monthly fire drill. Fire Drill will be done every month.
(3P)(b) (6)	CG#2 conducted a fire drill. It was placed into home record.	9/26/21	All CG's will conduct fire drill at least once a year. Home will make fire drill schedules for each caregiver.
49.(a) (4)	Wheelchair ramp was made. It was placed in the pathway going to the kitchen. Picture attached.	9/17/21	Home will provide and maintain wheelchair ramp access to the kitchen. Home will ensure with all requirements.
54.(c) (2)	Client#3's service plan was received. It was put into client's chart.	9/16/21	Home will notify client's CMA for a copy of service plan on time to have records on client's chart.
54.(c) (5)	Client#1, client#2, client#3's MAR for the month of September was documented. It was placed on Clients records.	9/16/21	Caregivers will fill out client's MAR right after administering medications to avoid late documentation.
	CG's signature was placed in client#1's chart.	9/16/21	CG's have to signed on client's MAR right after giving medicine to avoid late documentation.

All items that were fixed are attached to this CAP

PCG's Signature: Maria Charlotte Quitevis

Date: 10/12/21

CTA has reviewed all corrected items