

Foster Family Home - Deficiency Report

Provider ID: 1-591380

Home Name: Maria Quiambao, CNA

Review ID: 1-591380-10

87-135 B Kaukamana Road

Reviewer: Jackie Chamberlain

Waianae HI 96792

Begin Date: 9/16/2021

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 recertification inspection. Deficiency report issued with corrective action plan due to CTA within 30 days

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 for [REDACTED] [REDACTED] Client # 2 service plan has for [REDACTED] [REDACTED] monitoring [REDACTED] but [REDACTED] [REDACTED] are expired x 4 years

Foster Family Home Quality Assurance [11-800-50]

50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

Comment:

50(d) The CCFFH has a locked gate at the sidewalk. There is a doorbell at the gate but it went unanswered for 10 minutes requiring a phone call into the house to gain entry

Foster Family Home Client Rights [11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) No order for [REDACTED] [REDACTED] for client # 1

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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;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.


Comment:


54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

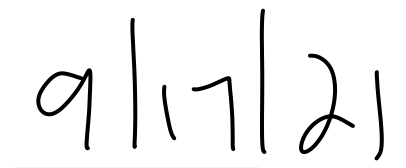
54.(c)(8) Client # 1 Personal inventory sheet is not signed by CCFFH or client

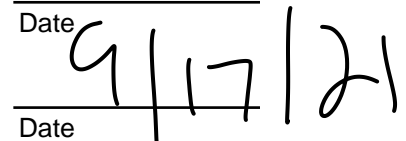
54.(c)(7) No proof of Expenditure records for client # 1

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


Compliance Manager


Primary Care Giver


Date


Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: MARIA QUIAMBAO CCFFH
(PLEASE PRINT)

CCFFH Address: 87-135 B KAUKAMANA RD. WAIANAE, HI 96792
(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) CLIENT 1	NO RN DELEGATION WAS DONE CLIENT #1 FOR [REDACTED] BECAUSE THERE'S NO [REDACTED] PRESENT NO MD ORDER FOR [REDACTED] BASED ON DATED 6/20/21 AFTER VISIT SUMMARY.	9/18/2021	IF [REDACTED] IS NECESSARY IN THE FUTURE I WILL GET RN DELEGATION AS NEEDED. USE STICKY NOTES TO REMEMBER WHAT ORDERS ARE NEEDED FROM MD DURING VISITS.
43(c)(3) CLIENT 2	OBTAIN MD ORDER TO DISCONTINUE [REDACTED] CLIENT HAS NOT BEEN [REDACTED] FOR THE PAST [REDACTED] YEARS.	4/23/2021	I WILL REVIEW SERVICE PLAN AND CHECK EXPIRATION DATES MONTHLY.
50 (D)	NO LOCK ON CHAIN. RN COULD HAVE ENTERED IF SHE REMOVE THE LATCH DOORBELL WAS RELOCATED TO BETTER HEARING AREA.	9/18/2021	CHECK DOORBELL RINGER DAILY TO ENSURE IT IS WORKING PROPERLY AND LOUD ENOUGH TO HEAR.
53(b)(7) CLIENT 1	[REDACTED] ORDER OBTAINED	9/22/2021	I WILL REVIEW SERVICE PLAN TO ENSURE ALL ORDERS ARE PRESENT FOR [REDACTED] SUCH AS [REDACTED] UPON ADMISSION.
54(c)(5) CLIENT 1 2	MEDICATION PRESCRIPTION WAS CORRECTED TO MATCH THE SIGNED MD ORDERS. MATCH	9/22/2021	I WILL REVIEW MEDICATION PRESCRIPTION LABELS UPON RECEIVING ANY MEDICATION
54(c)(6) CLIENT 1	CLIENTS INVENTORY SHEET SIGNED BY CARE GIVER AND CLIENT POA	9/17/2021	I WILL REVIEW ALL PAPER WORK TO ENSURE ALL DOCUMENTS ARE BY CLIENT OR POA.

All items that were fixed are attached to this CAP

PCG's Signature: Maria Quimba

Date: 10/13/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: _____

Terri Van Houten RN/Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: MARIA QUIAMBAD CCFFH
(PLEASE PRINT)

CCFFH Address: 87-135 P KAUKAHANA RD. WAIANAE, HI 96792
(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)(1) CLIENT 1	I DO NOT RECEIVE ALLOWANCE FOR CLIENT #1 THEREFORE NO EXPENDITURE RECORD ARE AVAILABLE. ALL NECESSITIES ARE PROVIDED BY CLIENTS FAMILY.	10/9/2021	IF I WERE TO RECEIVE ALLOWANCE FOR THIS CLIENT I WILL FILL OUT EXPENDITURE RECORD FOR ALL EXPENSES.
54(a)(2) CLIENT 1 2	SERVICE PLAN REVIEWED BY RN AND CG RECEIVED REINFORCEMENT TEACHING FROM VISITING RN FOLLOW SERVICE PLAN.	9/21/2021	REVIEWED SERVICE PLAN FOR ANY DISCREPANCIES BETWEEN THE MD ORDER I WILL ADD STICKY NOTES IF ANY DISCREPANCIES ARE PRESENT SO THAT THEY CAN BE CORRECTED

All items that were fixed are attached to this CAP

PCG's Signature: Maria Quiambad

Date: 10/13/2021

CTA has reviewed all corrected items