

Foster Family Home - Deficiency Report

Provider ID: 1-559346

Home Name: Marina Gamatero, CNA

Review ID: 1-559346-11

94-095 Hulahe Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 9/20/2021

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 re-certification. Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) No proof of background checks for new house hold members 5,6,7,and 8

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 # 2 for [REDACTED] or [REDACTED]

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

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

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in manner infringing on clients use of space

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

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) There were [REDACTED] in Client # 1 bedroom. There were no consent forms for use of [REDACTED]. Use of [REDACTED] is a violation of client privacy without written consent

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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)(3) Current copies of the client's physician's orders;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

Comment:

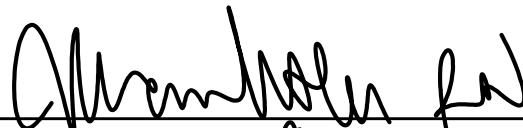
54.(c)(3) Discrepancy in the [REDACTED] order between MD order, documentation and CCFFH actual practice

54.(c)(2) Service plan for clients #2 and # 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice and are both outdated


54.(c)(7) Resident account record is not present for client # 3

54.(c)(8) Personal inventory is not present for client # 3

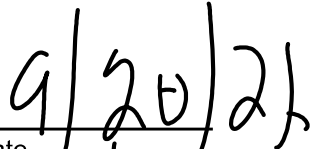
54.(c)(5) Medication discrepancy for client # 3 medication prescription label did not match medication administration record and / or the signed MD orders.



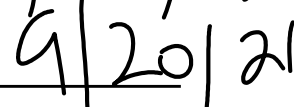
Compliance Manager



Primary Care Giver



Date



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: Marina Gamatero
(PLEASE PRINT)

CCFFH Address: 94-095 Hulahe Street, 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?
8.(a) (1)	HHM#5,6,7,and 8 obtained current APS/CAN. Result was filed in CCFFH binder	9/27/21	CG#1 will utilize an iphone calendar to schedule 2 months in advance of due dates. ■CG will inform other caregivers when an item is due 2weeks before due date.
43.(c) (3)	Received RN delegation for client #2 for ■■■■■ ■■■■■ ■■■■■ or ■■■■■	9/28/21	Home notify client's CMA that RN delagation needs to be done within 7 days when new MD orders added to client's needs.
49.(c) (3)	Indoor and outdoor living spaces were cleaned up	9/25/21	Home will ensure all areas are clean at all time
53.(b) (15)	Consent forms for ■■■■■ ■■■■■ of client #1 signed by client's guardians	10/13/21	Home will notify guardians of clients that permission/consent form(s) are to be send within 2 weeks of admission
54.(c) (2)	Service plan, MD orders, and CCFFH practice have been updated in accordance to client #2 and client #3's needs	10/3/21	■CG will request an updated service plan and CCFFH each time client's needs are changed. Will also make sure MD orders match them.

All items that were fixed are attached to this CAP

PCG's Signature: Marina Gamatero

Date: 10/14/21

CTA has reviewed all corrected items

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: Marina Gamatero
(PLEASE PRINT)

CCFFH Address: 94-095 Hulahe Street, Waipahu, HI 96797
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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) (3)	Start [redacted] a [redacted] and write down in the flow sheet for all times. [redacted] measured after [redacted] and after [redacted]	10/4/21	[redacted] CG will make sure to read the Doctor's order more carefully. Written note placed near the patients room for reminder. Reminders on physical calendar and phone have been fax MD the [redacted] in [redacted].
54.(c) (5)	Medication label and MAR discrepancy has been corrected with the MD, pharmacy, and CMA	9/30/21	[redacted] CG will work closely with the CMA to ensure that all new orders/changed orders promptly recorded in the clients records and medication label. [redacted] CG will make sure MAR and medication lists match as required.
54.(c) (7)	Documentation account for client #3 is completed	10/13/21	[redacted] CG will make a list of client's expenses. A reminder has been set on phone and calendar is to update every month.
54.(c) (8)	Personal inventory for client #3 has been updated on the worksheet.	10/3/21	Written on a calendar and on phone for reminder to update inventories for all clients. Will double check that they are filled.

All items that were fixed are attached to this CAP

PCG's Signature: Marina Gamatero

Date: 10/14/21

CTA has reviewed all corrected items