

# Foster Family Home - Deficiency Report

Provider ID: 1-170070

Home Name: Marjorie Peroche, CNA

Review ID: 1-170070-7

94-442 Hamau Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/22/2021

## 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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to [REDACTED] on 10/22/2021.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d),(1),(2)- Client #2's Service Plan stated [REDACTED] [REDACTED] as client on a [REDACTED] [REDACTED]. Client's [REDACTED] bed without any [REDACTED] present and no written MD order present.

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

49.(a)(2) [REDACTED] in [REDACTED] rooms used by the client, as appropriate;

Comment:

49.(a)(2)- Clients' toilet [REDACTED] [REDACTED] were loose/wobbly- high risk for injury/fall.

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

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- CCFFH with gate closed and dogs were heard barking. The gate lacked a communication method for [REDACTED] agency to have quick access to the CCFFH.

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

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)(6)- No RN/SW visit summary for the months of June 2021 and July 2021 for Client #2.

*Maribel Nakamine, RN* 9/22/2021  
\_\_\_\_\_  
Compliance Manager Date  
*[Signature]* 9/22/2021  
\_\_\_\_\_  
Primary Care Giver Date

CTA RN Compliance Manager: MARIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: MARJORIE PEROCHE

(PLEASE PRINT)

CCFFH Address: 94-442 HAMAU 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?
47.(D), (1)(2)	Order for [REDACTED] was requested and received from the PCP. [REDACTED] was placed on client's bed.	09/28/21	CG#1 will review the service plan with the Case Manager during admission ensuring that all plans for the client is followed. A checklist of interventions that is not yet being followed will be made and will be checked off upon completion.
49.(a) (2)	[REDACTED] in toilet areas was fixed.	9/25/21	CG#1 assigned a quarterly reminder in her cellphone to this dates will be used to check the physical conditon of the fosterhome. Checking will include [REDACTED] and door locks.
50.(e)	Doorbell installed by the gate.	9/23/21	CG#1 will be used to check the foster home to have a quick access communication method to visitors and agency.
54.(c) (6)	June and July RN Visit notes was requested from Case Management and was placed in client's binder.	9/24/21	To prevent this deficiency from happening again CG#1 made checklist of what to ask the visiting RN. The check list will include the monthly MAR and the CM Notes from the previous month

All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_



Date: 10/01/21

CTA has reviewed all corrected items