

Foster Family Home - Deficiency Report

Provider ID: 3-565103

Home Name: Nilda Whiting, CNA

Review ID: 3-565103-10

73-1094 Kaiminani Drive

Reviewer: Terri Van Houten

Kailua-Kona HI 96740

Begin Date: 9/8/2021

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 [REDACTED] by 10/8/2021.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) - CG#1's drivers license and vehicle insurance were expired.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff - Last documentation on sign in/sign out log was from November 2020. [REDACTED] caregivers have worked in the CCFFH after that date.

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) - CG#3 had not signed the RN delegations for client #2 or Client #3

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

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

Comment:

53.(b)(15) - CCFFH had posted visiting hours from 8am to 4pm. Per Federal regulations "My Choice, My Way", visiting hours are to be 24 hrs/7 days a week.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

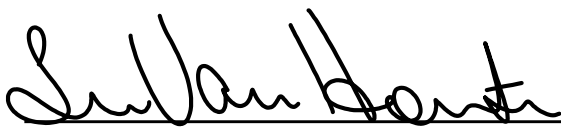
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation 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;
- 54.(c)(8) Personal inventory.

Comment:

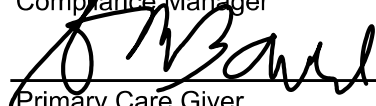
54.(c)(2) - Client #1 and #2 or their [REDACTED] had not signed by the current and previous service plan.

54.(c)(6) - Client #1 Personal Care/Observation daily checklist (ADL flow sheet) was last documented on 8/29/21. No flowsheet present in files for September 2021 for Client #1

54.(c)(8) - Client #1 did not have a personal inventory list completed since admission to CCFFH.



Compliance Manager



Primary Care Giver

9/8/21

Date

9/8/21

Date

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: NILDA G. WHITING
(PLEASE PRINT)

CCFFH Address: 73-1094 KAIMINANI DR. KAILUA-KONA, HAWAII 96740
(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.5	CG#1 Completed new valid driver license and new valid vehicle insurance. It was placed into home record.	9/8/2021	Home will make sure updated valid driver license and valid vehicle insurance will placed into home record. Home will use note reminder.
3P.b.2	Sign in / Sign out log completed and placed into home record.	9/8/2021	Home will make sure sign in / sign out log are current and completed. Home to use binder by front door as visual reminder.
43.c.3	RN. delegation was done for CG#3 by the client's CMA. It was placed into client record.	9/29/21	Home will notify client's CMA that RN delegation need to be done in 30 days of caregiver being added to the home.
53.b.15	CCFFH visitation hours are open for family anytime. Posted on home bulletin/ home record.	9/8/2021	Home will make sure the visiting hours are open for family anytime.

All items that were fixed are attached to this CAP
PCG's Signature: Nilda G. Whiting

Date: 10/8/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: NILDA G> WHITING

(PLEASE PRINT)

CCFFH Address: 73-1094 KAIMINANI DR. KAILUA-KONA, HI. 96740

(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.2	Client#1 and Client#2, CMA / CG. contacted [REDACTED] for signing service plan. Completed and filed in client binder.	9/18/21	Home will make sure to discuss service care plan with the [REDACTED] during the nurse visit. Home will use note reminder to review every 6 months.
54.c.6	Client #1 Personal flow sheet of client maintained and updated , filed in binder / client record.	9/8/2021	Home will maintain and update personal care flow sheet of client on daily basis.
54.c.8	Client #1 Personal inventory list completed and filed in client binder.	9/8/2021	Home will make sure inventory list completed and recorded. Home will use admission checklist from CMA as a reminder.

All items that were fixed are attached to this CAP

PCG's Signature: *Nilda G. Whiting*

Date: 10/8/2021

CTA has reviewed all corrected items