

# Foster Family Home - Deficiency Report

Provider ID: 1-200066

Home Name: Rowellmond Marchelle  
Castillejo, RN

Review ID: 1-200066-3

98-214 Oa Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 9/13/2021

## 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 10/13/2021.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#2, HHM#2, HHM#3, and HHM#4.

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c)- CG#1 was short of 6 more hours of annual in service.

## Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#2 without evidence of conducting a monthly fire drill.

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- CG#2 without evidence of having been trained with Client #2's [REDACTED] [REDACTED] [REDACTED]

# Foster Family Home - Deficiency Report

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

49.(a)(5)      An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.(a)(5)- No smoke detector was functioning when tested during CCFFH inspection.

**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 has a gate at the sidewalk; no buzzer/intercom present for [REDACTED] gency to have quick access to the CCFFH.

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

54.(c)(5)      Medication schedule checklist;

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)(5)- one medication's label did not match the MD order and the Medication Administration Record for Client #1. For Client #2, one medication did not contain the dosage on the Medication Administration Record.

54.(c)(6)- No Daily Care Flowsheets present for Client #2 for the following months: May 2021, June 2021, July 2021, August 2021, and September 2021.

*Maritell Nakamire,*  
\_\_\_\_\_  
Compliance Manager  
*[Signature]*  
\_\_\_\_\_  
Primary Care Giver

*RW* 9/13/2021  
\_\_\_\_\_  
Date  
9/13/2021  
\_\_\_\_\_  
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: Rowellmond Marchelle N. Castillejo

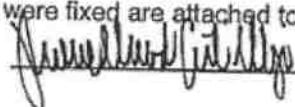
(PLEASE PRINT)

CCFFH Address: 98-214 OA Street , Aiea, Hawaii, 96701

(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?
16.(b) (5)	CG#2, HHM#2, HHM#3 and HHM #4 were trained with the CCFFH's clients' confidentiality, policies and procedures. Signed form was filed in the CCFFH binder.	09/18/21	CG#1 will train all new caregivers and household members within 7-10 days of adding them to home.
41.(c)	CG#1 added 10.5 hours of annual inservice. Certificate filed to CCFFH binder.	09/15/21	CG #1 will provide complete annual inservice hours needed annual for both CG#1 and to all CGs. CG#1 will check needed hours before end of the year and will use a calendar to keep track of the inservice hours.
46.(b) (2)	CG#2 conducted fire drill with household and clients assisted by CG #1, fire drill form filled to CCFFH binder.	09/20/21	CGs' will conduct fire drill 1 or 2 times annually as required, will use a calendar to keep track of fire drills.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10/7/2021

CTA has reviewed all corrected items

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: Rowellmond Marchelle N. Castillejo

(PLEASE PRINT)

CCFFH Address: 98-214 OA Street, Aiea, Hawaii, 96701

(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. (e)	CG #1 trained and instructed CG #2 on how to make different types of thickened liquids as a specialized feeding needs to client #2. Instruction certificate signed by CG#1 filed to CCFFH binder.  Resources: - National Center for Health Research -Gaylord Specialty Healthcare	09/14/21	CG #1 will conduct training/ instructions to new substitute caregivers for specialized feeding needs client to home within 3-7 days.
49. (a) (5)	New batteries were installed to all smoke detectors, tested and well functioning	09/14/21	Smoke detector will test monthly during fire drill and as needed.
50. (e)	Doorbell was installed in front of the gate connected to CCFFH for quick access for [REDACTED]/Agency	10/04/21	Doorbell will be tested monthly or as needed for well functioning for quick access for [REDACTED]/Agency.

All items that were fixed are attached to this CAP

PCG's Signature: Rowellmond Castillejo

Date: 10/7/2021

CTA has reviewed all corrected items

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: Rowellmond Marchelle N. Castillejo  
(PLEASE PRINT)

CCFFH Address: 98-214 OA Street, Aiea, Hawaii, 96701  
(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) (5)	CG #1 verified to Pharmacy regarding correct medication label, dispensing and doctor's order for client #1.	09/14/21	CG#1 and CG#2 will compare/verify between MAR and medication bottles to ensure correct medication administration to all the clients. CG#1 will let CMA, MD or Pharmacy know if MAR and medication bottle are different.
54. (c) (6)	CG #1 and CG#2 started to record of daily care flowsheet as of September 13, 2021 for client #1. Daily Care flow sheet filed to client #2  (client #2 expired on 09/23/21)	09/13/21	CG #1 will conduct random and monthly check for all the client daily care flow sheet

All items that were fixed are attached to this CAP

PCG's Signature: Rowellmond Castillejo

Date: 10/7/2021

CTA has reviewed all corrected items