

Foster Family Home - Deficiency Report

Provider ID: 1-590308

Home Name: Jocelyn Lomboya, CNA

Review ID: 1-590308-11

207 Kilani Place

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

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:

Unannounced recertification inspection for a 2 person CCFFH completed.

Deficiency Report issued during CTA inspection with a written plan of correction due to CTA on 10/16/2021.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- No APS/CAN/Fingerprinting present for HHM#2.

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 evidence of CG#2, CG#3, and HHM#2 without evidence of having had the confidentiality policies and procedures and client privacy rights training.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)- HHM#2 without a TB clearance result.

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#3 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home - Deficiency Report

Foster Family Home**Client Account****[11-800-48]**

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a)- No Client Account Record present for Client #2 as CG#1 in charged of clients personal monthly allowances.

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- Per My Choice, My Way clients to have open access to the kitchen. There was no wheelchair access to the kitchen with 3 steps.

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

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(b) Adverse events shall be reported

Comment:

50.(a)- CG#2 and CG#3 without evidence of having had the CCFFH's Emergency Preparedness Plan Training.

50.(b)- No Adverse Event completed for a medication of Client #2 that was discontinued on 6/16/2021 by client's MD. The client's Medication Administration Record for June 2021, July 2021, and August 2021 were with signatures present by caregivers.

Foster Family Home**Insurance Requirements****[11-800-51]**

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- Automobile Policy expired on July 12, 2021.

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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)(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's Service Plan dated 7/24/21 without signature of client/POA.

54.(c)(5)- Medication discrepancies noted on Client #1 and Client #2.

Client #1- one daily scheduled medication was not transcribed in client's Medication Administration Record(MAR).

Client #2- No September 2021 Medication Administration Record(MAR). One medication's dose did not match the MAR with the MD's order and the medication's label. Five medications that were listed in the MAR and with MD orders were not available on hand. One medication that had been discontinued by client's MD on 6/16/2021 was not discontinued in the MAR. Signatures were present in client's MARs of June 2021, July 2021, and August 2021.

54.(c)(6)- Last progress notes entry on Client #1 was on 2/27/2020.

54.(c)(6)- Monthly RN Visit/Assessment missing for 1/2021, 2/2021, and 5/2021 for Client #1.

54.(c)(8)- No Personal Inventory completed for Client #1.

Maribel Nakamine, MS 9/16/2021

Compliance Manager

Date

Jocelyn Sombayer

9/16/2021

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: Jocelyn Lomboya
(PLEASE PRINT)

CCFFH Address: 207 Kilani Place Wahiawa, HI 96786
(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) (2)	I had HHM#2 schedule his fingerprint online. I also had HHM#2 receive a PPD as soon as possible. I have filed and updated my binder after receiving results.	9/20/21	I will talk to my HHM and check calendar to what I need to update so I can get everything ready before an announced visit by the compliance manager.
16.(b) (5)	I have updated and renewed the confidentiality policy and procedures, and client privacy rights training. I have filed it away in my binder.	9/20/21	I will talk to my [redacted] CG and HHM to make sure everyone participates and is familiarized with the confidentiality policies procedures and privacy of each client.
41.(f)(1)	I had HHM#2 take a TB test right away.	9/20/21	I will write down appointment dates in my calendar that way I can track the due dates and know when to take my HHM to get their PPD.

All items that were fixed are attached to this CAP

PCG's Signature: J. Lomboya

Date: 09/20/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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Written Corrective Action Plan (CAP)
Chapter 11-800

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(PLEASE PRINT)

CCFFH Address: 207 Kilani Place Wahiawa, HI 96786
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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?
50.(b)	CG#1 called client Dr. Tele health Update all discontinue and current medication. Fixed my client MAR right away and I made an adverse event report, Faxed to the CMA.	9/20/21	From now on I need to do it and record right away in my clients binder every after Dr' s visit and any new changes to prevent any discrepancies for the future and ready for un announce visit of the compliance manager.
50.(a)	I will schedule and record in my calendar for CG#1 and CG#2 for training in CCFFH (Emergency Preparedness Plan). I will make sure every CG is aware of the training.	9/30/21	I will make a checklist and schedule all caregivers to be aware for all Emergency Preparedness Plan training in the future.
50.(b)	I have fixed and cleared all discontinued medicine by client #2. MD dated 6/16/21, MAR dated 6/2021, 7/2021 and, Aug 2021. All dates have been updated in the MAR.	9/30/21	I will monitor the dates from now on and will make an adverse event report. I will also make sure to send the report to the CMA.

All items that were fixed are attached to this CAP

PCG's Signature: J Lomboya

Date: 9/30/21

CTA has reviewed all corrected items

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: Jocelyn Lomboya
(PLEASE PRINT)

CCFFH Address: 207 Kilani Place Wahiawa, HI 96786
(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?
51.(a) (2)	From now I will make sure that the updated Automobile Policy is filed in my binder.	9/30/21	I will always monitor the updated Automobile Policy record in my binder. To prevent future mistakes
46.(b) (2)	From now on, I will make sure all ■CG' s participates in the fire drill training every month. CG#3 scheduled to conduct a fire drill for the next 12 months.	9/30/21	I will schedule the monthly training on calendar ahead of time. I will make sure all CG' s participate for future training of the monthly fire drill.
48.(a)	I will keep all receipts and log them in the clients accounting record.	9/30/21	To prevent this from happening again I will make sure to log down all client expenses and keep all receipts.
49.(a) (4)	I will provide a small fridge and a microwave in the clients dining room for them to have access to.	9/30/21	The clients will have a fridge and microwave available to them in there dining area.

All items that were fixed are attached to this CAP

PCG's Signature: Jocelyn Lomboya

Date: 09/30/21

CTA has reviewed all corrected items

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: Jocelyn Lomboya
(PLEASE PRINT)

CCFFH Address: 207 Kilani Place Wahiawa, HI 96786
(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) (6)	I called the Mngt asked a copy of the missing PN and placed it in order to the clients binder.	9/20/21	I have to make a plan/list a day prior to my clients appt. for any forms I need for my clients record, And I need to filed it immediately for the future.
54.(c) (6)	I asked a copy to the Mngt of the missing RN visit Assessment and filed it in order immediately.	9/20/21	I have to make Follow up and ask a copy of every RN' s visit right away to prevent
54.(c) (8)	I checked and review all the clients things, receipts copies of his bank transactions, I fixed it and record it right away.	9/20/21	I have to make my own record of all the money and expenses of my clients. Keep all receipt' s.
54.(c) (2)	I will remind CMA to check service plan for client #1. For changes and designated persons to sign documents.	9/20/21	I will always remind CMA to update the client service plan. To prevent any discrepancy' s from now on.
54.(c) (5)	I reviewed and fixed my MAR as soon as possible for client #1 and client #2 with my █CG. I have to strictly check and update MAR for any changes and new orders.	9/20/21	I will review and record any new doctor orders immediately after receiving them.
54.(c) (5)	CG#1/█CG have reviewed and resolved all medication discrepancy' s for client #1	9/20/21	We' ll continue to review MAR at the start of every month. Will contact Doctor for updated information.

All items that were fixed are attached to this CAP

PCG's Signature: J. Lomboya

Date: 11/17/21

CTA has reviewed all corrected items