

# Foster Family Home - Deficiency Report

Provider ID: 1-615544

Home Name: Araceli Danao, CNA

Review ID: 1-615544-14

1430 Haloa Drive

Reviewer: Jackie Chamberlain

Honolulu

HI 96818

Begin Date: 12/20/2021

## 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 annual inspection. Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(2) Be based on care directions from the client to the maximum extent possible, with monitoring by the case management agency when the client is not capable of providing care directions;

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43.(c)(2)client 1 and 2 service plans are outdated. Unable to determine if service plans have been followed by CCFFH

43.(c)(3)No RN delegation present for Client # 2 for [REDACTED], [REDACTED] or [REDACTED]

## 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) Client # 1 has [REDACTED] times per day. There is no documentation on [REDACTED] since November, and the documentation for November does not match the [REDACTED] that are electronically stored in the [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 living spaces are cluttered in manner infringing on clients use of space including kitchen dining table / common space and emergency exits

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

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

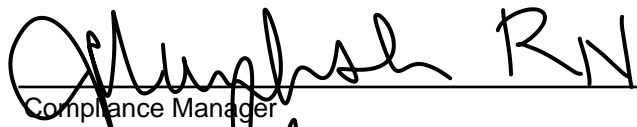
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(b)(1) CCFFH client binders were in disarray making it difficult to survey and difficult to reconcile medications / service plan ect.

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders. Client # 1 : One PRN medication is expired, 2 PRN medications are not on the MAR at all

54.(c)(6) No daily documentation for client 1 or 2 for the month of December 2021 including vital signs, [REDACTED] [REDACTED] which have MD orders to [REDACTED] [REDACTED] for [REDACTED] [REDACTED]

  
Compliance Manager

  
Primary Care Giver

12/20/21  
Date  
12/20/21  
Date

CTA RN Compliance Manager: JACKIE CHAMBERLAIN, RN

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

PCG's Name on CCFFH Certificate: ARACELI DANAO

(PLEASE PRINT)

CCFFH Address: 1430 HALOA DRIVE, HONOLULU, HI 96818

(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?
43.c.2	Service Plan were received from CCMA and updated to the client's chart		<input checked="" type="checkbox"/> CG has opted to use the "Calendar" system to be updated for all requirements including annual & 6 months assessment to ensure timely updates.
43.c.3 12	RN Delegations was completed and update to the client's.		<input checked="" type="checkbox"/> CG shall request that the RN CM fax a completed copy of the client's services plan with-in 48 hours of visit and update to the calendar when next assessment is due. <input checked="" type="checkbox"/> CG has updated the RN delegations to the calendar that is due annually.
47.e	<input checked="" type="checkbox"/> CG will manually document the <input checked="" type="checkbox"/> by evidence of the <input checked="" type="checkbox"/> template provided by the CMA		<input checked="" type="checkbox"/> CG shall ensure that the clients' blood glucose will be documented to the log as directed by the MD
49.c.3	All CG's & Adult HHM's has cleaned the indoor living environment that includes kitchen, dining and common space areas to ensure a clean well ventilated environment is maintained at all times.		Daily cleaning will be done by all CG's that includes the living, dining, client bedrooms, bathrooms and kitchen areas. There is a schedule that all CG's are to follow daily to ensure a clean environment. <input checked="" type="checkbox"/> CG has opted to use the "Calendar" system to be updated for all requirements

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 1/05/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: JACKIE CHAMBERLAIN, RN

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

PCG's Name on CCFFH Certificate: ARACELI DANA O

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CCFFH Address: 1430 HALOA DRIVE, HONOLULU, HI 96818

(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.b.1	Continue: All client charts were put in an orderly manner and will readily available for review.	01/21/22	■ CG provided all caregivers with proper maintenance of the client's chart as provided by the CCMA.
54.c.5	Medication Reconciliation was completed by the CMA for client #1 & 2.	01/21/22	■ CG shall ensure that all medications new & ongoing are provided to the CMA to have an updated MAR & Kardex completed and signed by the MD.
54.c.6.	IAP was provided to the PCG from the Compliance Officer.	01/21/22	■ CG has been provided with the CMA's Guidelines & Requirements to ensure that the clients cchart are maintained in an organized manner to ensure an effective monthly review to be completed by the monitoring RN CM  ■ CG has opted to use the "Calendar" system to be updated for all requirements

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 1/25/22

CTA has reviewed all corrected items