

Foster Family Home - Deficiency Report

Provider ID: 1-140059

Home Name: Cesaria Tabucol, CNA

Review ID: 1-140059-12

91-929 Kalapu Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 11/3/2021

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 re-certification inspection.

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

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) No RN delegation present for Client # 1 for [REDACTED] or [REDACTED]

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

49.(d) When there are intended changes to the home, the department shall be notified prior to the changes occurring.

Comment:

49.(d) CCFFH has changed the home structure, a new home floor plan is needed

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

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

Comment:

53.(b)(15) visiting hours state limited to 8am-8pm. Per "My choice my way" visiting hours cannot be restricted.

53.(b)(15) There were [REDACTED] [REDACTED] in Client # [REDACTED] and [REDACTED] bedroom. There were no consent forms for use of [REDACTED] equipment. Use of [REDACTED] is a violation of client privacy without proper consent.

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)(5) Medication schedule checklist;


Comment:

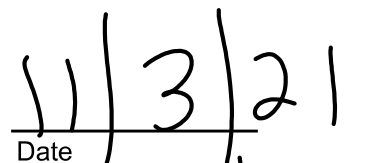
54.(c)(2) Service plan for clients #1 # 2 and 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

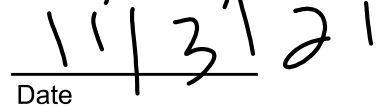
54.(c)(5) Client # 1 and 3 medication administration record has not been signed since Oct 31 2021 for any routine or PRN medications

54.(c)(5) Medication discrepancy for client # 1 and # 3 medication prescription label did not match medication administration record and / or the signed MD orders.


Compliance Manager


Primary Care Giver


Date


Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN / Jackie Chamberlain RN


**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-600**

PCG's Name on CCFFH Certificate: CELANA TABUVAL CCFFH
(PLEASE PRINT)

CCFFH Address: 91-929 Kalayua Pt Ewa Beach HI 96706
(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)(3)	DISCREPANCY was corrected, client # 1 No delegation for Oxygen or Suction	December	CG will make sure that check and update the service plan every 6 months I ASK my CMA RN to delegate us and provided the delegation acknowledgement & signature sign (PCG/SCG) Home will make note reminder

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 12-1-21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: Cesaria Tabucal CCFFH
(PLEASE PRINT)

CCFFH Address: 91-929 Kalapu St Ewa Beach HI 96706
(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?
99.6)	Existing Renovation of the house. Permitted by City and county.	Dec 1 2011	I will notified, In the Future, whenever the new Home floor plan changed to the CCFFH.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 12-1-11

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

POG's Name on CCFFH Certificate: CESAMA TABUOL CCFFH
(PLEASE PRINT)

CCFFH Address: 91-929 Kalaya St Ewa Beach Hi 96706
(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?
53 (b) (15)	Visiting Homeas state near Rules, Per, My choice my way.	Dec 1-2011	CG will updated the rule for visiting 24 hr.
53.(b) (15)	Client privacy discrepancy was corrected, Client # [redacted] and # [redacted] bedroom for [redacted] equipment w/o proper consent.	Dec 1 2011	I will inform the family and friends... CG #2 and #3 will make sure that check and update the service plan for each client privacy for future. I will ask my CMA to provide a form consent sign to the family / Decision maker Guardian

All items that were fixed are attached to this CAP

POG's Signature: _____

Date: 12-1-11

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: CESAYA TABUCOL CCFFH
(PLEASE PRINT)

CCFFH Address: 91-929 Kalayaan St Ewa Beach HI 96706
(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)	Obtained signature from clients #1 #2 #3 POA and explained that the service plan will be sign every 6 months.	Dec 1 2011	Home will make sure that the service plan will be sign by the POA every 6 months & will keep a copy in clients binder at all times. Home will make note reminder
54(c)(5)	CG informed the Medication Administration record has been signed October client #1 and #3 for routine/PRN meds.	Dec 1 2011	CG#1 created and organized MAR on clipboard for easy access to ensure that is signed daily routine and PRN medication.
54(c)(5)	CG Discrepancy was corrected by client CMA MD and CG on client #1 and #3 not label medication prescription label not match administration record and signed medication orders.	Dec 1 2011	CG#1 will look at all the medication prescription label match administration records and signed medication orders and I will notified my CMA before I signed my medication orders.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 12-1-11

CTA has reviewed all corrected items