

Foster Family Home - Deficiency Report

Provider ID: 1-517477

Home Name: Corazon Sales, LPN

Review ID: 1-517477-15

94-1097 Lumiaina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

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- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 1/20/2022.

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 and CG#2 were both short of 6 hours of the required 12 hours each of annual in service for the year 2021. CG#3 and CG#4 without any hours of annual in service for the year 2021.

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 Delegations completed on [REDACTED] procedure for CG#1, CG#2, CG#3, and CG#4 on Client #3.

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)- CCFFH smelled of very strong urine in particular the "cats" bedroom.

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)- Client [redacted]'s Service Plan dated 6/29/2021 without the Client/POA/OPG's signature.

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- One medication was not discontinued in the client's Medication Administration Record (MAR) as per MD's order. Another medication's ordered by MD which had a change of dosage was not updated in the client's MAR.

Client #2- One medication's label dosage didn't match the MAR and the MD's order.

Client #3- MAR was last signed on 12/8/2021.

Mariabel Nakamie, RN 12/20/2021
Compliance Manager Date

Wrayson Jones 12-20-21
Primary Care Giver 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: Corazon Sales, LPN

(PLEASE PRINT)

CCFFH Address: 94-1097 Lumiaina Street Waipahu, HI 96797

(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?
6.(d)(1)	Always expect inspection by compliance manager, Department of Health whether announced or not.	12/20/21	Allow any visit or inspection anytime.
41.(c)	CG#1 and CG#2 had at least 12 hours of in-service training pertinent to the management and care of clients for 2021. CG#3 and CG#4 also had at least 8 hours of in-service training for 2021. The record of training are in caregiver file.	6/8/19	Keep an accurate record of in-service training in the caregiver file. Have a calendar of when to complete requirements like in-service training for all caregivers.
43.(c) (3)	CG#1, #2, #3, and #4 were given RN delegation on [redacted] procedures from the beginning (since client #3 care to this foster home over 20 years ago.) Now the RN delegation on [redacted] procedure for all caregivers is now more prominent in client #3 file.	12/20/21	Keep accurate records of client's care and procedures for inspection at all times.

All items that were fixed are attached to this CAP

PCG's Signature: Corazon Sales

Date: 01-20-2022

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: Corazon Sales, LPN

(PLEASE PRINT)

CCFFH Address: 94-1097 Lumiaina Street Waipahu, HI 96797

(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?
49.(c) (3)	The home is cleaned daily using anti-infective cleansing agents. The clients were cleaned as soon as they made a mess and disposed soiled materials outside. Windows are opened, when possible, for better ventilation. Good lighting is always maintained to keep clients safe.	12/20/21	It is constantly cleaning house and cleaning clients. At the same time, keep the clients safe and healthy in a clean, well-ventilated, and adequately lighted home.

All items that were fixed are attached to this CAP

PCG's Signature: Corazon Sales

Date: 01-20-2022

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: Corazon Sales, LPN
(PLEASE PRINT)

CCFFH Address: 94-1097 Lumiaina Street Waipahu, HI 96797
(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)	With help from case manager, the service plans for client #1 and client #2 were as ordered by MD and reflected on progress report documentation.	01/27/22	Have same input and guidance from case manager to make sure service plans are implemented as ordered.
54.(c) (5)	The medication records for client #1 and client #2 were straightened to match the labels and administration times as ordered by MD. Any expired or discontinued medicine were discarded properly.	01/27/22	Always make sure medicine records are in order and MDs orders are followed. Call MD with concerns to prevent mistakes.

All items that were fixed are attached to this CAP
PCG's Signature: Corazon Ju Sales Date: 01-29-2022

CTA has reviewed all corrected items