

# Foster Family Home - Deficiency Report

Provider ID: 1-613423

Home Name: Elizabeth Pastor, CNA

Review ID: 1-613423-10

94-419 Kiolena Place

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 1/31/2022

## 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.

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)(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] for CG 4 and also none for [REDACTED] for any CG. No delegation for Client 3 for CG 4 for [REDACTED], [REDACTED] or [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 and outdoor living spaces are cluttered in an unsafe manner. The wheelchair exit access is closed off by a sliding door with heavy boxes and items on both sides. Another exit has plants impeding the wheelchair accessibility

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

53.(b)(6) Be fully informed of the conditions under which the home may manage the client's personal financial affairs;

Comment:

53.(b)(6) CCFFH has extreme overstock of supplies for private pay client [REDACTED] including briefs, wipes, pads, skin spray.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(c)(1) Client's vital information;
- 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;

Comment:

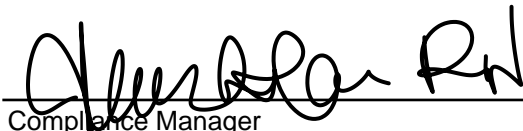
54.(c)(1) Face sheet for client # 2 lists [REDACTED] use, which was discontinued years ago. Client # 1 has 2 [REDACTED] listed on MD summary not on face sheet


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 Service plan for client 2 and 3 are outdated

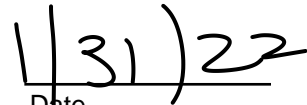
54.(c)(5)

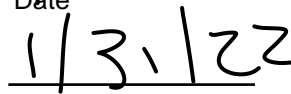
54.(c)(5) Medication discrepancy for client # 3 medication prescription label did not match medication administration record and / or the signed MD orders. This includes high risk medication [REDACTED] being held without an order, incorrect procedure to administer [REDACTED] and [REDACTED] ordered [REDACTED] [REDACTED] are missing (but signed as given) CMA RN to determine if a medication error has occurred.

54.(c)(6) Client # 1 no daily documentation since 1/4/2022

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

CTA RN Compliance Manager: JACKIE CHAMBERLAIN

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

PCG's Name on CCFFH Certificate: ELIZABETH PASTOR, CNA  
(PLEASE PRINT)

CCFFH Address: 94-419 KIOLENA P, 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?
43.(C) (3)	RN delegations was done for CG#4 and all CG for Client # 1 and Client #3 . It was placed into the client record.	02/18/22	Home will notify client's CMA that RN delagation needs to be done before a caregiver can start assisting the client. Home will use a new CG checklist as a reminder.
49.(c) (3)	CG#1 cleared and put away boxes into the storage and plants were removed to clear the exit and maintain a safety wheelchair accessibility for clients.	02/01/22	Home needs to maintain a safe and clean environment by cleaning and putting supplies in the storage to keep clients room free of clutters. Home will schedule monthly cleaning on my calendar.
53.(b) (6)	CG#1 notified client's family to stop ordering extra supplies to avoid overstocking.	02/01/22	Home will create a spreadsheet on the computer and make a list of the private client's supplies to show totals and make aware how many can the clients used in a month so only order whatever the estimate she or he can use to avoid over stocking.
54.(c) (1)	CMA updated face sheet for client#1 and it was placed into the client's record for [REDACTED]	02/11/22	Home will ask client's CMA for an updated face sheet when client's care plan changes or new MD orders occurs. Home will use a paper reminder.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 2-22-22

CTA has reviewed all corrected items

CTA RN Compliance Manager: JACKIE CHAMBERLAIN

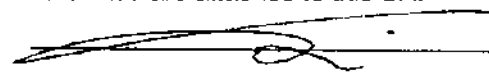
**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: ELIZABETH PASTOR, CNA  
(PLEASE PRINT)

CCFFH Address: 94-419 KIOLENA PI. WAIPAHU HI 96797  
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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?
54.(c) (1)	Client's updated face sheet was obtained from CMA and it was placed into the client's record.	02/18/22	Home will notify client's CMA for an updated face sheet each time there's significant changes on client's careplan or new MD orders occurs.
54.(c) (2)	CMA's for client #1,2,3 was notified and corrected service plans were obtained and placed into the client's record.	02/11/22	Home will notify client's CMA's for any discrepancies immediately to ensure that MD orders and client's service plans matched all the time. Home will use a paper reminder.
54.(c) (5)	Medication discrepancies for client #3 was corrected by client's CMA and MD orders were obtained and placed into client's record.	02/19/22	CG# 1 will look all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy and Doctor's if they are different.
54.(c) (6)	Client's #1 daily documentations was updated and placed into client's record.	02/01/22	CG#1 needs to log and update all clients monitoring flow sheets, medication and observation records daily. Home will use a paper reminder.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 2-22-22

CTA has reviewed all corrected items