

# Foster Family Home - Deficiency Report

**Provider ID:** 1-210023

**Home Name:** Georgette Damo, NA

1312 Naulu Place

Honolulu

HI

96818

**Review ID:** 1-210023-3

Reviewer: Maribel Nakamine

Begin Date: 12/23/2021

Foster Family Home	Required Certificate	[11-800-6]
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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 1/23/2022.

Foster Family Home	Background Checks	[11-800-8]
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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)- CG#3 without the 1st and 2nd year of APS/CAN/Fingerprinting present in the CCFFH binder.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- CG#2 without evidence of having had the Basic Skills Checklist completed on Client #1.

Foster Family Home	Client Care and Services	[11-800-43]
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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 for CG#2 on Medications Administration present on Client #1.

# 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;
- 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)(2)- Client #1's Service Plan dated 8/21/2021 without the Client/POA's signature.

54.(c)(5)- Discrepancies were noted on Client [REDACTED].

Client [REDACTED] Medication Administration Record (MAR) was last signed on 12/12/2021. There were two lifesaving medications that were not signed in the afternoon- both medications were ordered by MD as [REDACTED] MAR only had a time of administration charted in am. There were six medications that didn't have the administration times charted in the MAR. One lifesaving medication was not signed in the MAR from 9/1/2021 thru 12/22/2021.

54.(c)(6)- Client [REDACTED] ADLs/Daily Care Flowsheet was last signed on 12/12/2021.

Manikell Nakamure, RN 12/23/2021  
Compliance Manager Date

Georgette M. Danner 12/23/2021  
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: Georgette M Damo

(PLEASE PRINT)

CCFFH Address: 1312 Naulu Pl, Honolulu, Hawaii 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?
8.a.1 8.a.2	CG#3 has provided home with their 1st and 2nd year of APS/CAN/Fingerprinting and was placed into the home binder.	12/29/21	CG#1 will use checklist and make sure that all █CG's that are added to home will provide their proper documents like the first two years of their APS/CAN/Fingerprints.
41.g	CG#2 has completed the Basic Skills Checklist with CMA RN for Client #1.	12/29/21	CG#1 will notify the CMA that a █CG is added and their skills will need to be tested within 7 days of being added to the home as a █CG.
43.c.3	RN Delegations were completed for CG#2 on Medications Administration by the CMA, Records were placed into the binder.	01/21/22	CG#1 will notify the CMA that a █CG is added. Delegations need to be done within 7 days of being added to the home as █CG.
54.c.2	CG#1 had the Client's POA give their signature on Client #'s Service Plan. Alternate Transportation was also updated.	12/24/21	CG#1 will make sure that the service plan on each client will be signed by client or POA upon admission. Alternate Transportation Plan will be updated as a new █CG is added.
54.c.5 54.c.6	CG#1 had notified CMA about the discrepancies on the MAR. MAR was charted late and notated on the notes section. Client #1's ADLs/Daily Care Flowsheet was also updated.	12/29/21 12/29/21	CG#1 will make sure to chart and update MAR and Daily Care Flowsheets every day. CG#1 will also make sure to follow the 5 rights of drug administration.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Georgette M Damo

Date: 01/22/2022

☒ CTA has reviewed all corrected items