

Foster Family Home - Deficiency Report

Provider ID: 1-130048

Home Name: Imelda Vea, CNA

Review ID: 1-130048-11

94-462 Alpine Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 1/20/2022

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 # 3 for [REDACTED]

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

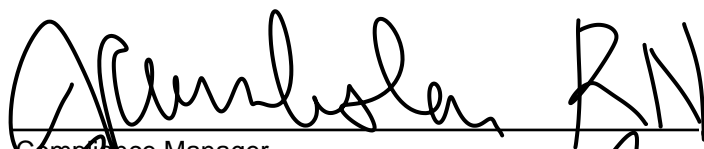

46.(a) Unannounced Fire Drill document for appropriate emergency procedures was not conducted by CG# 3


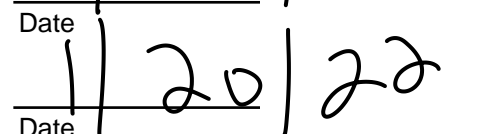
Foster Family Home Records [11-800-54]

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

Comment:

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: Jackie Chamberlain

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

PCG's Name on CCFFH Certificate: Imelda A. Vea

(PLEASE PRINT)

CCFFH Address: 94-462 Alapine Street, Waipahu, Hawaii 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 delegation was obtained for the [REDACTED] of Client#3. Form was placed into client's record.	01/27/22	Home will notify CMA that RN delegation needs to be performed before taking care of a [REDACTED] client.
46.(a)	CG#3 was already informed the need to conduct fire drill.	01/27/22	paper Home needs to make a reminder paper the schedule to conduct fire drill and notify CGs in advance before the scheduled time.
54.(c) (5)	Medication discrepancy was corrected by Client#1 MD, Pharmacy and CG#1. Also, clarification was obtained from Pharmacy and corrected medication log was obtained from Client#3 CMA. It was placed into client's binder.	02/01/22	CG#1 should always look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and/or doctor if they are different.

All items that were fixed are attached to this CAP

PCG's Signature: Imelda A. Vea

Date: 02/02/22

CTA has reviewed all corrected items