

# Foster Family Home - Deficiency Report

Provider ID: 1-589856

Home Name: Jeanne Reutirez, CNA

Review ID: 1-589856-13

94-747 Makou Place

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 1/26/2022

## 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.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(3) Fire shall be held under varying conditions, e.g., eating, visiting, bath times, etc.

Comment:

(3P)(b)(1) Fire no proof of fire drills conducted since 10/2021

## 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) HHM # 4 does not has a designated bedroom, sleeps in the CCFFH common living room in manner infringing on clients use of space

## 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;

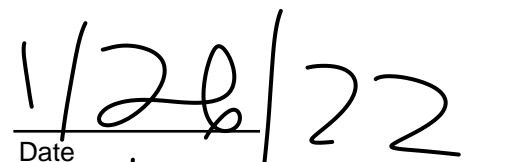

Comment:

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

54.(c)(5) Client 1,2 and 3 MAR not documented since 1/03/22

54.(c)(6) No documentation of services provided for client 1,2 3 since 1/03/22

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date

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

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: JEANNE REUTIREZ  
(PLEASE PRINT)

CCFFH Address: 94-747 MAKOU PLACE 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?
3P .b.1	Fire drill lapse cannot be corrected.	1/27/22	Home will always use wall calendar to remind PCG and SCG's on when and who will conduct the fire drill each month.
3P.b.3	Fire drill has been conducted today and will perform monthly for safety.	1/27/22	PCG understand the value of fire drills so it will be performed monthly for each and every clients safety. Each fire drill will be performed during the days , evenings and nights to simulate an urgent situation. Will document on PCG's binder.
49.c.3	HHM #4 will not sleep in the living room and will find a new home or will provide a room for him.	2/5/22	HHM #4 found a place to rent near his trade school and will move out on 3/1/22.
54.c.2	Client #1 #2 #3 Service Plan on their daily / weekly Vital Sign although checked but missed to document has been updated and completed.	1/27/22	Home will read and follow each Clients Service Plan on Vital Signs and will be documented on their chart every time vital signs are checked per MD ordered for client #1 #2 #3.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 2/10/22

CTA has reviewed all corrected items

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

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: JEANNE REUTIREZ

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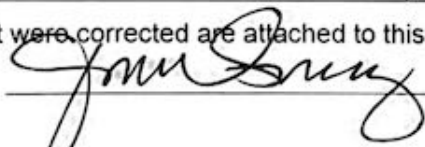
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(PLEASE PRINT)

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.5	Daily medications that administered to client #1 #2 #3 was missed to sign. Case Manager has been notified.	1/27/22	Always have clients #1 #2 #3 MAR open during administering medications and sign, to prevent error and for clients safety.
54.c.6	Daily documentation on Personal Care Checklist and Monitoring Flowsheets to Client #1 #2 #3 were missed to sign although it was done daily has been completed and updated.	1/27/22	Home will make sure that client #1 #2 #3's chart is open and beyond reach so that each services provided will be documented right away.

All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_



Date: 2/10/22

CTA has reviewed all corrected items