

Foster Family Home - Deficiency Report

Provider ID: 1-100052

Home Name: Jocelyn Alcaraz, CNA

Review ID: 1-100052-10

91-1124 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 2/2/2022

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]

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) There is no kitchen table for clients to eat with appropriate wheelchair height (Bar high counter only)

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

53.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

53.(b)(13) Client [REDACTED] bedroom a closet is roped shut. When inspected has a stockpile of diapers from a previous client This is not in the service plan

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) Service plan for clients #1 and # 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice client currently on [REDACTED] [REDACTED]

Client 1 service plan is outdated no service plan since 6/18/21

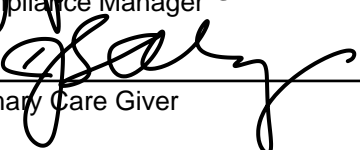
54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders. Medications on the MAR are missing, one [REDACTED] [REDACTED] [REDACTED] is signed off as given twice (duplicate entry) and CG 1 states she "holds" the [REDACTED] [REDACTED] is [REDACTED] is [REDACTED] without an order for parameters. An [REDACTED] was ordered but no documentation that it was given.

Client # 3 has a [REDACTED] [REDACTED] [REDACTED] without a MD order

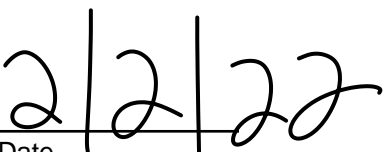
54.(c)(5) Client # 1 has no February MAR



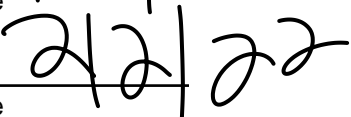
Compliance Manager



Primary Care Giver



Date



Date

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

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)**

Chapter 11-800

PCG's Name on CCFFH Certificate: Jocelyn Alcaraz

(PLEASE PRINT)

CCFFH Address: 91-1124 Kanihi Street Ewa Beach, HI 96706

(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 for [REDACTED] and [REDACTED] were done for CG#1, 2, 3 and 4 by Client's CMA. The completed delegation form was placed in client's chart.	2/7/22	CG#1 will notify client's CMA that RN delegation needs to be completed within the day of caregiver being added to the home. CG#1 will use a wall calendar to put all due dates on. CG#1 will also use a phone app with both calendar and alarm reminder to alert of upcoming due dates. Reminder will alert 2 weeks, 1 week and 2 days prior to due date so CG#1 & CMA will both have a heads up.
49(a)(4)	Appropriate kitchen table with wheelchair height was set up.	2/7/22	Home will ensure to keep a kitchen table with appropriate wheelchair height at all times to ensure client's safety during meals and other activities.

 All items that were fixed are attached to this CAP
PCG's Signature: J AlcarazDate: 2/18/2022
 CTA has reviewed all corrected items

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

Community Care Foster Family Home (CCFFH)

Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: Jocelyn Alcaraz

(PLEASE PRINT)

CCFFH Address: 91-1124 Kaniki Street Ewa Beach, HI 96706

(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?
53 (b)(15)	Previous client's diapers were removed from client [REDACTED] bedroom closet.	2/13/22	CG#1 understands that client's bedroom shall only contain client's belongings. However, for safety reasons, client's personal clothing, drawers, chair and other possessions are kept outside the room to prevent the client from climbing and destroying personal items. Closet doors are kept tied with a rope to prevent the client from repeatedly opening and closing it which could potentially cause injury to the client. Please refer to client service plan. In addition, CG#2 will ensure that client remains safe while maintaining that her rights are still being addressed. For example, after showering or when changing clothes, CG#1 will ask client what clothing or footwear [REDACTED]



All items that were fixed are attached to this CAP

PCG's Signature: Jocelyn AlcarazDate: 2/18/2022

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ferri Van Houten RN / Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: Jocelyn Alcaraz
(PLEASE PRINT)

CCFFH Address: 91-1124 Kauliki Street Ewa Beach, HI 96706
(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)	Service plan for client #1 was updated by client's CMA. It was placed in client's chart.	2/14/22	prefers. If client is not able to verbalize, CG #1 will bring in options for client to choose from. Home will notify client's CMA when service plan needs to be updated. CG #1 will utilize a wall calendar for all due dates. CG #1 will also use a phone ^{app} with a calendar and alarm reminder ^{to} alert of upcoming due dates. Reminder will alert 2 weeks, 1 week and 2 days prior to due date so CG #1 & CMA will have a head's up.
54.(c)(2)	Service plan for client #3 unable to correct due to client moved out.	2/18/22	Home will notify client's CMA when service plan needs to be updated.

All items that were fixed are attached to this CAP

PCG's Signature: J Alcaraz

Date: 2/18/2022

CTA has reviewed all corrected items

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

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

PCG's Name on CCFFH Certificate: Jocelyn Alcaraz
(PLEASE PRINT)

CCFFH Address: 91-1124 Kauliki Street Ewa Beach, HI 96706
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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?
			CG #1 will utilize both a wall calendar and phone app with calendar and alarm reminder to alert of upcoming due dates. Reminder will alert 2 weeks, 1 week and 2 days prior to due date so CG #1 & CMA will have a head's up.
54(c)(5)	Medication discrepancy for client #1 has been corrected by client's MD, CMA & CG #1	2/11/22	Home will double and triple check that all medication orders are the same in all 3 places: MAR, bottle & MD order to ensure accuracy of medication administration.
54(c)(5)	CG #1 obtained MD order for [redacted] for client #3	2/2/22	For any [redacted] CG #1 will call MD to review if medicine is ok for client to use or take.

All items that were fixed are attached to this CAP

PCG's Signature: J Alcaraz

Date: 2/18/2022

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ferri Van Houten RN / Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: Jocelyn Alcaraz
(PLEASE PRINT)

CCFFH Address: 91-1124 Kauliki Street Ewa Beach, HI 96706
(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)	February MAR for client #1 was obtained and placed in client's chart.	2/2/22	CG#1 will not administer any [redacted] until an order is received from MD. CG#2 will obtain MAR prior to giving any medication to ensure accurate orders. If there is no MAR, CG#1 will make sure to start one. CG#1 will utilize both a wall calendar and phone app with calendar and alarm reminder

All items that were fixed are attached to this CAP

PCG's Signature: *J. Alcaraz*

Date: 2/18/2022

CTA has reviewed all corrected items