

# Foster Family Home - Deficiency Report

Provider ID: 1-210018

Home Name: Leticia Torricer, CNA

Review ID: 1-210018-3

94-423 Uanii Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/20/2021

## Foster Family Home Required Certificate [11-800-6]

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 1/20/2022.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(5)- HHM#3 and HHM#4 without a copy of Identification present in the CCFFH binder.

41.(f)(1)- No TB clearances present in the CCFFH binder for HHM#3 and HHM#4.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d), (d)(1)- No MD orders present for Client #1 and Client #2's [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)- Emergency exit door located near the dining area was cluttered/obstructed with a large jug of water, a large wheelchair, dustpan and broom preventing a wheelchair to pass through safely in the event of an emergency/evacuation.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(b) Adverse events shall be reported

Comment:

50.(a)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan training.

50.(b)- No Adverse Event completed for Client #1's wound upon admission to the CCFFH.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1 and Client #2 with a [REDACTED] [REDACTED] [REDACTED] inside their bedrooms- no written authorization present from Clients/POAs/OPGs.

## 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)- Client #2's Vital Information/Facesheet was not updated to reflect client's additional Medical Insurance [REDACTED].

54.(c)(2)- Client #1's Service Plan dated 11/10/2021 without the Client/POA's signature. Client #2's Service Plan dated 8/18/2021 & 11/13/2021 without the signature of Client/OPG.

54.(c)(5)- Medications discrepancies noted for Client #1. Client #1's Medication Administration Record(MAR) was last signed on 12/15/2021. All medications written in the client's MAR were without the frequencies and dosages (there were 4 medications without frequencies and 4 medications without the dosages and frequencies). There were 3 medications that were not transcribed in the MAR. Those medications were with current MD orders and were in the client's medication bin.

54.(c)(6)- Client #1's progress/observation notes dated 11/10/2021 thru 12/19/2021 were without signatures of caregivers after each dated entries.

*Shawkel Hakkamine, RN* 12/20/2021

Compliance Manager

Date

*Ray*

Primary Care Giver

12/20/2021

Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)

Written Corrective Action Plan (CAP)

Chapter 11-800

PCG Name of CCFFH Certificate: LETICIA TORRES

CCFFH Address: 94-423 Nanii Place, Waipahu, HI, 96797

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?
41.(b)(5)	Copies of ID of HHM #3 and HHM #4 were obtained and filed.	11/24/21	Review and follow strictly [redacted] rules and regulations.
41.(f)(1)	Lapse cannot be corrected 2022 TB clearance for HHM #3 and #4 Were obtained and filed.		All HHM are required to have TB test for the first and second year of the CCFFH operation. A yearly Action Plan is needed to avoid lapses.
47.(d),(d)(1)	MD orders were obtained. Client #1- [redacted] and Client #2 [redacted]	12/22/21	Home will consult CMA and PCP about clients care on restraints.
49.(a)(4)	Emergency exit doors were cleared for emergency evacuation.	12/20/21	Keep on reading once a month the home physical requirements as reminders to prevent violations.
50.(a)	CG#2 was trained with the CCFFH's Emergency Preparedness Plan training.	12/21/21	Keep on reviewing home record to tally with CCFFH's policies and procedures.

☒ All items that were fixed are attached on this CAP

PCG's Signature: [Signature]

Date: Jan. 18, 2022

☒ CTA has reviewed all corrected items

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CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)

Written Corrective Action Plan (CAP)

Chapter 11-800

PCG Name of CCFFH Certificate: LETICIA TORRERO

CCFFH Address: 94-423 Uani Place, Waipahu, HI, 96797

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?
50.(b)	Adverse Event of for client#1 was done basing CMA Admission Assessment record dated [REDACTED]	12/23/21	Home to remember always as a required documents per [REDACTED]
53.(b)(a)	Written authorization from POA of client#1 and client#2 for [REDACTED] CG to use and install a video monitoring devices inside their bedrooms was obtained.	Client #1 12/21/21 Client #2 12/27/21	Home to remember always confidentiality and privacy policy to be guided accordingly in communicating with POA and [REDACTED]
54.(c)(1)	Vital Information/Facesheet was updated by CMA for client #2. It was placed into home record.	12/23/21	Home will notify client's CMA to update documents everytime there are changes.
54.(c)(2)	Services Plan dated [REDACTED] for client#1 was signed by POA. Service Plan dated [REDACTED] and [REDACTED] was signed by [REDACTED]	12/24/21 12/29/21	Home to ask CMA to require the presence of POA [REDACTED] during admission to sign the Service Plan.

☒ All items that were fixed are attached on this CAP

PCG's Signature: [Signature]

Date: Jan 18, 2022

☒ CTA has reviewed all corrected items

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CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)

Written Corrective Action Plan (CAP)

Chapter 11-800

PCG Name of CCFFH Certificate: LETICIA TORRUCER

CCFFH Address: 94-423 Hanii Place, Waipahu, HI, 96797

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)	Medication discrepancy was corrected by client's CMA by giving a MAR form as guide.	12/20/21	CG#1 will look at the MAR and prescription on the bottles/container to ensure they both match everytime giving medications. CG#1 will notify CMA and MD for any discrepancy.
54.(c)(6)	Observation notes after 12/29/21 and future dates are signed by either CG#1 or CG#2	12/20/21	Home to be reminded signing observation notes all the time.

☒ All items that were fixed are attached on this CAP

PCG's Signature: [Signature]

Date: Jan 18, 2022

☒ CTA has reviewed all corrected items

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