Foster Family Home - Deficiency Report

Provider ID: 1-140010

Home Name: Lorena Kawamoto, CNA Review ID: 1-140010-11

94-472 Alapine Street Reviewer: Julie Hastings

Waipahu HI 96797 Begin Date: 11/17/2021

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 annual home inspection for 2 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 30 days.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)

CG#1 APS/CAN lapsed last done 8/10/19 no 2021 CG#2 APS/CAN lapsed last done 8/10/19 no 2021

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

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

Comment:

41.(f)(1)

3 minors in the home do not have TB clearance or declination form.

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)

CG#3 and CG#4 do not have delegation for Client #2

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)

Medication Administration Record only signed up through 11/5/21 for Client #1, Client #2 had no November 2021 MAR.

Compliance Manager

Primary Care Giver

11/17/2021

Date

Date

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12/9/2021 2:56:06 PM

CTA RN Compliance Manager: Julie Hastings

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

PCG's Name on CCFFH Certificate: Lorena Kawamoto

(PLEASE PRINT)

CCFFH Address: 94-472 Alapine St. Waipahu, HI 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?
8.(a)(2)	CG#1: APS/CAN was obtained 12/3/21. It was place into home record.	12/3/21	Home will use wall calendar to put all due dates on. I overlooked the date of my APS/CAN. I will ensure to get it done a month before the expiration date.
	APS/CAN for CG#2 was obtained 3/10/21. It was placed into the home binder.	3/10/21	Home will use wall calendar to put all due dates on. It was misplaced from the home binder. I will ensure to put all documents into the home record right away so i wont misplaced it again.
41.(f)(1)	Home was able to get the temporary TB clearance before the due date on February 22,2021 due to covid vaccine. but it was placed in my other binder. The regular TB was obtained on 4-21-21.	4/21/21	I will make sure to put all documents into my home binder diligently.

✓ All ite	ms that were fixed are attached to this CAF	P	1 1
PCG's Sign		Vamilo	Date: 12/14/12/

CTA RN Compliance Manager: Julie Hastings

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

PCG's Name on CCFFH Certificate:	Lorena	Kawamoto
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(PLEASE PRINT)

CCFFH Address: 94-472 Alapine St. Waipahu, HI 96707

(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 done for CG#3 and CG#4 by the client's CMA. It was placed in the client binder.	11/18/21	Home will notify client's CMA that RN delegation needs to be done as soon as possible as a caregiver being added to the home.
54.(c)(5)	Medication schedule checklist was updated for client#1 and #2 after the inspector visited the home.	11/17/21	Home will make sure to sign the medication schedule checklist daily to avoid this from happending again in the future.

✓ All items that	were fixed are attached to this CAP	. 1.11-
PCG's Signature:	Fechan amolo	Date: 12/14/12 I