

Foster Family Home - Deficiency Report

Provider ID: 1-512451

Home Name: Nikk Rumbaoa, CNA

Review ID: 1-512451-10

91-1511 Maipuhi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 12/16/2021

Foster Family Home	Required Certificate	[11-800-6]
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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 visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) TB clearance not accepted for CG 1 and 2 due to appearance of altered forms

Foster Family Home	Client Care and Services	[11-800-43]
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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] [REDACTED] listed on MAR as PRN

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;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(2) Service plan for clients #1 has not been signed by the client or POA. Client # 2 no service plan present since 2019 unable to determine if service plan is being followed.

54.(c)(5) Client 1 and 2 MAR last signed 12/13/21, one medication for client 1 has not been signed as given since 11/30/21

54.(c)(7) client # 1 Expenditure records are missing or incomplete

54.(c)(8) client # 1 Personal inventory sheet is missing or incomplete


Compliance Manager


Primary Care Giver

12/16/21
Date

12/16/21
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: NIKK T. RUMBAOA

(PLEASE PRINT)

CCFFH Address: 91-1511 MAIPIHI ST 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?
41.F.1	TB CLEARANCE WAS OBTAINED FOR CG 1 AND CG 2 AND PLACED IN TO HOME RECORD	CG#1 1/7/22 CG#2 12/17/21	CG WILL USE GOOGLE CALENDAR ON HIS CELLPHONE AND LAPTOP AS A REMINDER TO MAKE SURE THAT REQUIREMENTS WILL ^{BE} MET ON TIME. CG WILL INFORM OTHER CG WHEN AN ITEM IS DUE 4 WEEKS BEFORE DUE DATE.
43.C.3	RN DELEGATION WAS DONE OR CORRECTED FOR CLIENT #1 BY THE CLIENT'S CMA. IT WAS PLACED IN TO THE CLIENT'S RECORD.	1/12/22	CG WILL NOTIFY CLIENT'S CMA THAT RN DELEGATION NEEDS TO BE DONE WITH IN THE FIRST 3 DAYS WHEN ITS NEEDED.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 1/13/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HOUTEN RN

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

PCG's Name on CCFFH Certificate: NIKK T. RUMBADA
(PLEASE PRINT)

CCFFH Address: 91-1511 MAIPUH ST. 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 WAS BROUGHT TO CLIENT #1 FOR HIM TO SIGN. IT WAS PLACED IN TO THE CLIENT'S FOLDER	12/17/21	A CHECK LIST IS MADE TO SERVE AS A REMINDER FOR PCG TO LET CLIENT SIGN THE SERVICE PLAN WHEN IT IS RECEIVED FROM CMA.
54.C.2	CG CALLED CMA WITH REGARDS TO THE SP OF CLIENT #2. CMA'S RECORD SHOWS THAT SP WAS MAILED IN A TIMELY MANNER TO CG. SP OF CLIENT #2 WAS FOUND FILED IN TO THE ASSESSMENT PORTION OF THE FOLDER INADVERTENTLY. SP WAS FILED BACK TO SP PORTION.		A REMINDER TO PROPERLY FILE DOCUMENTS TO ITS CORRECT LOCATION IS ADDED TO THE CHECK LIST MADE.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 1/20/22

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: NIKK T. RUMBACA
(PLEASE PRINT)

CCFFH Address: 91-1511 MAIPUHI ST 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	MAR UN-SIGNED WAS CORRECTED/LEFT AS IT IS UPON COORDINATION OF CG WITH THE CLIENT'S CMA	1/7/22	CG WILL LOOK AT ALL MEDICATION ADMINISTRATION RECORDS AND BOTTLES TO ENSURE THEY BOTH MATCH EVERY TIME BEFORE GIVING A MEDICATION AND INITIAL/MARK MAR AS SOON AS MEDICATION IS ADMINISTERED.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 1/13/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HOUTEN RN

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

PCG's Name on CCFFH Certificate: NIKK T. RUMBOUT
(PLEASE PRINT)

CCFFH Address: 91-1511 MAIPOHI ST EWA BEACH HI 96700
(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?
5A.C.7	CLIENT'S GUARDIAN TAKES CARE ALL OF THE FINANCES OF CLIENT #1	1/20/22	AN EXPENDITURE RECORD/SHEET WAS FILLED OUT NOTING THAT GUARDIAN TAKES CARE OF CLIENT'S FINANCES AND WAS PLACED IN CLIENT'S FOLDER
54.C.8	CLIENT'S PERSONAL BELONGINGS INVENTORY WAS DONE IN THE PRESENCE OF CLIENT #1. INVENTORY SHEET IS PLACED IN CLIENT'S FOLDER.	1/10/22	AN ADMISSION OF ^A NEW CLIENT CHECK LIST IS MADE BY CG TO SERVE AS A REMINDER TO FILL OUT A "PERSONAL BELONGINGS INVENTORY SHEET FOR THE CLIENT UPON ADMISSION AND ALSO TO UPDATE BE INVENTORY WHEN NEEDED.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 1/20/22

CTA has reviewed all corrected items