

# Foster Family Home - Deficiency Report

Provider ID: 1-200012

Home Name: Reina Lyn Sahagun, CNA

Review ID: 1-200012-6

990 Paaaina Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 12/23/2021

## 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 1/23/2022.

PCG requests to increase from a 2 client to a 3 client CCFFH.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1),(2)- CG#4's APS/CAN/Fingerprinting result was dated over 6 months as CG#1 was applying to increase from a 2 client CCFFH to a 3 client.

HHM#2 without evidence of having had an APS/CAN/Fingerprinting completed. No result present in the CCFFH binder.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- HHM#2 without evidence of having had the CCFFH's confidentiality policies and procedures and client privacy rights training.

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

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(f)(1)- HHM#2 without any TB clearance present in the CCFFH binder.

41.(g)- No Basic Skills Checks completed for CG#2 on Client #2.

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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 CG#2 on [REDACTED] Administration on Client #2.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects present in Client #1's chart.

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)- No written consent/authorization present on Client#2's [REDACTED] inside the client's bedroom.

*Maribel Nakamine, RN* 12/23/2021

Compliance Manager

Date

*[Signature]*  
Primary Care Giver

12/23/21  
Date

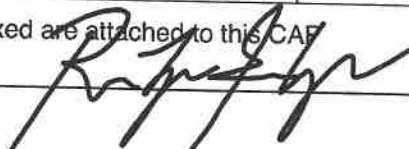
CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Reina Lyn Sahagun  
(PLEASE PRINT)

CCFFH Address: 990 Paaaina St. Pearl Clty, Hawaii 96782  
(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) (1),(2)	CG#4 - Lapses for FP, APS, and CAN cannot be corrected.  HHM#2 - FP, APS, CAN can not be corrected.	01/12/22  01/12/22	Will pay more attention to dates of expiration by using calendar specially if CG is applying from 2 client to 3 bed CCFFH.  I will note that on calendar when there's a new moved in relative in your home, they should be added as a HHM and their requirements should be done and placed in the CCFFH Binder.
16.(b) (5)	HHM#2 was oriented and trained with CCFFH's confidentiality policies and procedures and client privacy rights training, then let her signed the CCFFH Substitute and Household Member Training page and was filed in the binder.	1/15/22	I will note that when there's a new moved in relative in your home, they should be added as a HHM and their requirements should be done and placed in the CCFFH Binder.
41.(f) (1)	Made an appointment for HHM#2 TB Clearance.  *PLEASE SEE NEXT PAGE FOR CONTINUATION	1/18/22	I will note that on calendar and use when there's a new moved in relative in your home, they should be added as a HHM and their requirements should be done and placed in the CCFFH Binder.

All items that were fixed are attached to this CAP  
PCG's Signature: 

Date: 01/19/22

CTA has reviewed all corrected items

