

Foster Family Home - Deficiency Report

Provider ID: 1-210026

Home Name: Rosemelinda Reyes, CNA

Review ID: 1-210026-3

98-248 A Aiea Kai Place

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 2/3/2022

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- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 3/3/2022.

Foster Family Home	Background Checks	[11-800-8]
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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 lapsed on 9/2/21 and renewed on 1/27/22.

Foster Family Home	Information Confidentiality	[11-800-16]
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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)- No confidentiality policies and procedures and client privacy rights training present for CG#2.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

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.(c)- CG#2 without an annual in service hours for the year 2021 of the required 8 hours.

41.(g)- No basic skills checks completed for CG#2 and CG#4 on Client #1. For Client #2, CG#2, CG#3 and CG#4 without the basic skills checks completed.

Foster Family Home - Deficiency Report

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 delegations present for CG#2, CG#3, and CG#4 on [REDACTED] Administration in Client #1. For Client #2, no RN delegations present on [REDACTED] Administration for CG#2, CG#3, and CG#4.

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a),(b)(2)- No time variances on monthly fire drills. Times were only at 3:00pm. CG#2, CG#3, CG#4, and CG#5 were without evidences of having conducted a monthly fire drill.

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 medication side effects present in Client #1's chart/binder.

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:

Comment:

50.(a)- CG#2 and CG#5 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

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 authorization signed by the POA/Client for a [REDACTED] inside Client #1's bedroom.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 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.(b)- No signatures present after each dated entries in Client #1's progress/observation notes from 9/1/21 thru 1/30/22.
54.(c)(5)- Medication discrepancies noted on Client #1 and Client #2.
Client #1- there was one medication that was not transcribed in the Medication Administration Record (MAR).
Client #2- there was one lifesaving medication that client self- administered without an MD order for client to do so.
54.(c)(6)- No monthly RN Visit/Assessment present for the month of November 2021 in Client #1's chart.

Maribel Nakamine, RN 2/3/22
Compliance Manager Date
Morreyer 2/3/22
Primary Care Giver Date

CTA RN Compliance Manager: MARIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: ROSEMELINDA REYES
(PLEASE PRINT)

CCFFH Address: 98-248 A, AIEA KAI PLACE, AIEA HI 96701
(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 (d) ① (2)	LAPSE CANNOT BE CORRECTED	2/3/22	CG #1 WILL USE A CALENDAR TO SCHEDULE DUE DATES 2-3 MONTHS IN ADVANCE TO PREVENT FUTURE LAPSES
16 (b) (5)	CG #1 MUST PROVIDE TRAINING TO ALL CARE GIVERS/HHM'S ABOUT CLIENT'S PRIVACY RIGHTS	2/4/22	IN THE FUTURE I'M GOING TO TRAIN ALL CAREGIVERS, HHM'S WITHIN 3 DAYS OF ADDING TO MY HOME
41 (c)	CG #1 & SHALL ATTEND 12 HOURS IN SERVICE ANNUALLY.	2/11/22	CG #1 WILL USE MY CALENDAR AND MARK ON DUE DATES TO PREVENT FUTURE EXPIRATIONS.
	I CONTACTED CG #2 TO OBTAIN 8 HOURS IN SERVICE ANNUALLY AND KEEP THE FILES AT MY CCFFH BINDER	2/11/22	CG #1 I WILL USE MY CALENDAR AND MARK ON DUE DATES TO PREVENT FUTURE EXPIRATIONS

☒ All items that were fixed are attached to this CAP

PCG's Signature: Roseminda Reyes

Date: 3/2/22

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: ROSEMELINDA REYES

CCFFH Address: 48-248 A, MEA KAI PLACE, MEA HI 96701

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(3)	I CONTACTED THE RN CASE MANAGER WHO CONDUCTED/PERFORMED THE BASIC SKILLS CHECKS DELEGATIONS FOR CG# 4 FOR CLIENT # 1	2/9/22	I WILL CONTACT THE RN CASE MANAGER WITHIN 3 DAYS OF ADDING A NEW CAREGIVER
	I CONTACTED THE RN CASE MANAGER WHO DID/PERFORMED THE BASIC SKILLS CHECKS DELEGATIONS FOR CG # 2, CG # 3, CG # 4 FOR CLIENT # 2	2/9/22 2/9/22 2/11/22	CG # 2 CG # 4 CG # 3 I WILL CONTACT THE RN CASE MANAGER WITHIN 3 DAYS OF ADDING A NEW CAREGIVER
46(3)	I CONTACTED THE RN CASE MANAGER AND SHE DID ALL THE RN DELEGATIONS ON ORAL MEDICATIONS ADMINISTRATION ON CLIENT # 1	2/1/22 2/4/22 2/4/22	CG # 2 CG # 3 CG # 4 BEFORE I ALLOW A CG TO TAKE CARE A PATIENT I HAVE TO CALL RN CASE MANAGER WITHIN 3 DAYS OF ADDING CG TO MY CCFFH.

☒ All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 3/2/22

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: ROSEBELUNDA REYES
(PLEASE PRINT)

CCFFH Address: 98-248 A AIEA KAI PLACE, AIEA HAWAII 96701
(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)	I CONTACTED THE RN CASE MANAGER AND SHE DID ALL THE RN DELEGATION ON ORAL INTALATION TROPICAL MEDICATIONS ADMINISTRATION FOR CG #2, CG #3 & CG #4 ON CLIENT #2	2/9/22 2/11/22 2/9/22	CG #2 CG #3 CG #4 BEFORE I ALLOW ACG TO TAKE CARE A PATIENT I HAVE TO CALL RN CASE MANAGER ABOUT 3 DAYS OF ADDING CG TO MY CCFFH.
46(C)	LAPSE CANNOT BE CORRECTED	2/1/22	CG #1 WILL USE A CALENDAR TO KEEP TRACK WHAT CG WHO'S GOING TO DO THE MONTHLY FIVE DAIL CG #1 WILL SCHEDULE ALL CG ON CALENDAR TO CONDUCT AT DIFFERENT TIMES OF THE DAY.
47(C)	LIST OF MEDICATIONS SIDE EFFECTS FILED IN CLIENT #1 BINDER	2/9/22	IN THE FUTURE CG #1. WHO MISSION OF THE CLIENT I HAVE TO CHECK THE BINDER IF THE LIST OF MEDICATIONS SIDE EFFECTS ARE PRESENT

☒ All items that were fixed are attached to this CAP

PCG's Signature: ROSEBELUNDA REYES

Date: 3/2/22

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIEL NABAMINE

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

PCG's Name on CCFFH Certificate: ROSEMELUNDA REYES
(PLEASE PRINT)

CCFFH Address: 98-248A, AIEA KAI PLACE AIEA HAWAII 96701
(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?
50(c)(9)	CG#1 TRAINED CG#2 AND CG#5 in CCFFH'S EMERGENCY PREPAREDNESS PLAN.	2/9/22 2/9/22	CG#1 WILL TRAIN ALL CAREGIVERS OF R.R. WITHIN 3 DAYS BEFORE THE R.R. TRAINING ADDING TO MY R.R. HOME, CCFFH
53(b)(9)	OBTAINED CONSENT FORMS [REDACTED] CLIENT #1	2/6/22	BEFORE PUTTING UP A [REDACTED] ON CLIENT'S BEDROOM I WILL OBTAIN AUTHORIZATION LETTER FIRST FROM THE POA
54(b)	I CONTACTED MY RN CASE MANAGER AND I SIGNED THE PROGRESS NOTES FROM 9/1/21 UP TO 1/30/22		IN THE FUTURE AFTER EACH ENTRY I'M GOING TO BE SIGN AND DATED.
54(c)(5), (6)	RN CASE MANAGER OBTAINED CLARIFICATION FROM MD ON CLIENT'S ON MEDICATION MD WRITTEN ORDER WAS FILED ON CLIENT #1 CHART	2/9/22	AND ALL CAREGIVERS WILL DOUBLE CHECK R.R. A MEDICATIONS IF ANYTHING DOES NOT MATCH CMA RN, MD AND OR PHARMACY WILL BE NOTIFIED

☒ All items that were fixed are attached to this CAP

PCG's Signature: /Roneyer

Date: 3/2/22

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: ROSEMELOINA ROYES
(PLEASE PRINT)

CCFFH Address: 98-248 A. AIEA KAI PLAGE, AIEA HAWAII 96701
(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)	RN CASE MANAGER OBTAINED CLARIFICATION FROM MD ON CLIENT #2 OF MEDICATION MD WRITTEN ORDER WAS FILED ON CLIENT #2 CHART	2/8/22	CG#1 AND ALL CARE GIVERS WILL DOUBLE CHECK A MEDICATIONS IF ANYTHING DOES NOT MATCH CNA RN, MD AND OR PHARMACY WILL BE NOTIFIED.
54(C)(6)	RN VISIT I CONTACTED THE RN CASE MANAGER AND OBTAINED NOTICE ^{R.N.} MONTHLY ASSESSMENT FOR NOVEMBER 2021 AND FILED IT TO CLIENT #1 BINDER	2/4/22	CG#1 IN THE FUTURE AFTER THE RN VISIT I WILL OBTAIN MONTHLY RN ASSESSMENT RIGHT AWAY

☒ All items that were fixed are attached to this CAP

PCG's Signature: roynes

Date: 3/2/22

☒ CTA has reviewed all corrected items