

# Foster Family Home - Deficiency Report

Provider ID: 1-210028

Home Name: Shane Fernandez, NA

Review ID: 1-210028-3

91-659 Kilaha Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 12/9/2021

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

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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

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

Comment:

47.(d)(1) Unable to locate a [REDACTED] for client # 1 the client documents list some precautions for [REDACTED] written by [REDACTED]

47.(d)(1) Client # 2 has a [REDACTED] there is no mention in service plan or delegations

## Foster Family Home Records [11-800-54]

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;

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:


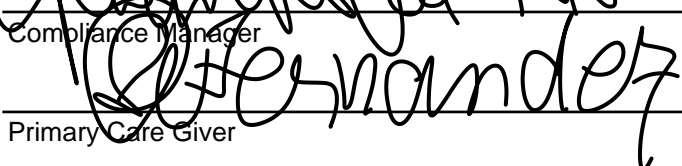
54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Medication error for client # 2, [REDACTED] has not been administered in the proper manner causing an incorrect dose. AE required

54.(c)(6) [REDACTED] is ordered for [REDACTED], no documentation of [REDACTED] since stopped doing [REDACTED] 11/23/21 CG states client "ran out of [REDACTED]"

54.(c)(7) Client 1 and 2 No proof of Expenditure records

54.(c)(8) Client 1 and 2 Personal inventory sheet is blank

  
Compliance Manager  
  
Primary Care Giver

12/10/21  
Date  
12/10/21  
Date

CTA RN Compliance Manager: Reply to 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: SHANE A FERNANDEZ  
(PLEASE PRINT)

CCFFH Address: 91-659 KILAHUA ST EWA BEACH HAWAII 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?
47(d)(1)	7 Written and signed order for client no 1's diet was obtained from PCP. Order placed in clients folder	12/11/21	7 Always make sure to checked clients diet order and make sure that had been signed by PCP, notified CM and if any changes of their diet. always make sure to faxed all to the CM office and double checked w/ new updates on the folder. and always put sticky notes and phone reminders as well so dont forget it.
47(d)(1)	7 Written and signed order for client no. 1's [redacted] was obtained from PCP. Order placed in clients folder	12/11/21	7 always make sure to checked clients [redacted] order and make sure that had been signed by PCP, notified CM and if any changes of their [redacted] always make sure to faxed all to the CM office and double checked w/ new updates on the folder. and always put sticky notes and phone reminders as well so I dont forget it. And in

All items that were fixed are attached to this CAP

PCG's Signature: Shane Fernandez

Date: 1/7/2022

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to 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: SHANE FERNANDEZ

CCFFH Address: 01-659 KILAHIA ST EWA BEACH HI 96704  
(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)	Written service plan for both clients were updated by RNCM	7/12/11/21	The future I will make sure to review all service plan and PCP orders. Right after appointments I will make sure to notify CM for new updates and make sure to get updated w/ the service plan too. and make sure to double check paperwork before putting in the folder. and make sure to put sticky notes so I don't forget it in the future.
54.(C)(6)	Daily documentation: I will document daily. [redacted] documentation: written order signed by PCP to do accucheck TID	7/12/11/21	I will review and signed my client's documents like ad's vital signs, meds daily and I will make sure I follow PCP's order and refill accucheck [redacted] before it runs out. I will set an alarm on my phone to remind me to check my tasks daily.

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

PCG's Name on CCFFH Certificate: SHANE FERNANDEZ

CCFFH Address: 91-659 KILAHUA ST FWA BEACH HI 96704  
(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)(7) <del>54(C)(8)</del>	No expenditures record since I am not holding any of my clients allowance signed statement from my clients POA obtained proving I am not holding any of my clients allowance	7/2/10/21	From now on I will be on top of my clients required documents. I will review my clients chart from time to time to make sure it is completed. I will make sure to put sticky notes reminder to make sure to make a letter notifying that POA/family member was the one handling the finances w/ complete signature on it!
54(C)(8)	Personal Inventory completed w/ Client/POA signature.	12/10/21	I will be doing inventory the day of admission, I will make sure to make a letter notifying that all belonging need to be inventory in my sticky notes and phone reminders and make sure that POA/Guardian aware that belongings she have. always make sure they signed it too.

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Date: 01/7/2022

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

PCG's Name on CCFFH Certificate: SHANE A FERNANDEZ

CCFFH Address: 91-650 KILATHA ST EWA BEACH 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?
54.(d)(5)	adverse event completed on no priming [redacted] causing wrong dosage in subin administered to client. PCP was made aware of the above incident. No new orders. Retraining on [redacted] administration completed w/ RNCM delegation and by my return demonstration.	12/10/21	I will make sure to check paperworks especially MD new orders, notify RNCM for the new changes and faded paper paperworks at the office. always make sure to asked proper training to the RNCM before giving new medication orders. I will make sure to always put phone reminder so that I'm aware that new change need to be clarify and train w/ RNCM

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PCG's Signature: Shane Fernandez

Date: 1/7/2022

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