

# Foster Family Home - Deficiency Report

Provider ID: 1-210050

Home Name: Cherica S. Magbaleta, CNA

Review ID: 1-210050-3

91-1017 Ahona Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 3/9/2022

## 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 Background Checks [11-800-8]

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

Comment:

8.(a)(1) CG 4 no fingerprints for year 1 or 2

## 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 Client # 1, caregiver # 4 and 7

43.(c)(3) Delegation for client # 2 [REDACTED] is for [REDACTED], not the [REDACTED] that client has from pharmacy. CCFFH has been incorrectly administering [REDACTED] which requires a AE for medication errors

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

47.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, section 16-89-100.

Comment:

47.(a) Client 1 and 2, delegations were done for [REDACTED], however the procedure to [REDACTED] the [REDACTED] with [REDACTED] [REDACTED] has not been followed by the CCFFH resulting in a medication error

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]


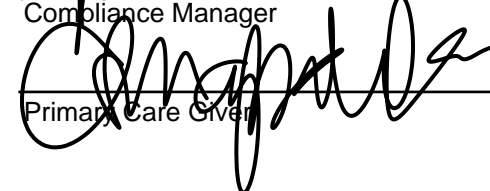
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

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 discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred.

  
Compliance Manager  
  
Primary Care Giver

3/9/22  
Date  
3/9/22  
Date

CTA RN Compliance Manager: Terri Van Houten, RN

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: CHERICA SADANG MAGBALETA

CCFFH Address: 91-1017 AHONA STREET, 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?
8.(a)(1)	Recieved █ CG #4 updated APS,CAN.Fingerprint and placed it in the CCFFH binder. Lapse cannot be corrected.		█ CG will make a spreadsheet to put all due dates on background checks and other required documents, this will be done at least 4 weeks before due date to prevent future lapses.
43.(c)(3)	RN delegated new █ CG's for both client.		█ CG will make sure to obtain paper works for skills check for the cargeiver who is newly added as a new █ CG. █ CG will make an
43.(c)(3)	█ CG and █ CG was delegated by RN for the correct skills check for █ █ █		█ CG and █ CG will make sure to obtain the paper works from CMA for an █ █ █ █ CG will make an
47.(a)	RN to re-evaluate CCFFH on providing safe method for █ █ █ █ █ of █ █ █		CCFFH will read and follow instructions on specific delegation on how to provided █ █ █ █ █ to clients. CCFFH will communicate with RN, if they are unsure of skills check to avoid medication error.

☒ All items that were corrected are attached to this POC

PCG's Signature: *Amelia*

Date: 06/11/22

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten, RN

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: CHERICA SADANG MAGBALETA

(PLEASE PRINT)

CCFFH Address: 91-1017 AHONA STREET, 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?
54.(c)(2)	Client's discrepancy on service plan was signed and corrected by CMA, MD and CG.		CG will make sure that each client's service plan is updated, read and understand throughoutly and CG will immediately notify CMA and MD if there are changes in client's care.
54.(c)(5)	Medication discrepancy was corrected by client's CMA, MD and CG on client's medication administration record.		CG will be sure that medications are updated and corrected to ensure that Home has all necessary medication bottles for client. Home will immediately notify CMA, Pharmacy and/or MD if there are changes.

☒ All items that were corrected are attached to this POC

PCG's Signature: Cherica Magbaleta

Date: 04/2/22

☒ CTA has reviewed all corrected items