

Foster Family Home - Deficiency Report

Provider ID: 1-210048

Home Name: Honeybee Osila, RN

Review ID: 1-210048-3

94-478 Kalukalu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/18/2022

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 4/18/2022.

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 monthly fire drill completed for the months of January 2022 and February 2022. CG#2 and CG#4 without evidence 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 medications' side effects were present in Client [REDACTED] 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, CG#3, and CG#4 had not had the training from CG#1 the CCFFH's Emergency Preparedness Plan.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

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)(8) Personal inventory.

Comment:

54.(a)(3)- No list of community resources present in the CCFFH binder.

54.(c)(5)- One daily medication for Client #2 was not available during inspection. CG#2 who was assigned as caregiver was unable to find the medication.

54.(c)(6)- No RN visit summary present for January 2022 in Client [REDACTED] chart/binder.

54.(c)(8)- No list of Client [REDACTED] personal inventory present in client's chart/binder.

Shavikel Nakamine, M

Compliance Manager

Henderson for Honeybee
Osita

Primary Care Giver

3/18/22

Date

3/18/22

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: Honeybee Osila

(PLEASE PRINT)

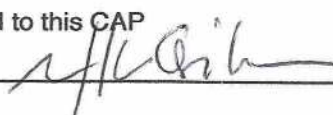
CCFFH Address: 94-478 Kalukalu St. Waipahu, HI 96797

(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?
46 (a), (b) (2)	CG#1 conducted a monthly fire drill this month (March 2022) and trained all CG do conduct a monthly fire drill. CG#2, CG#3, #CG4 conducted individual fire drills under supervision and training of CG#1.	3/19/22; 4/1/22	Home will make sure to all caregivers (CG#1, CG#2, CG#3, CG#4) will conduct monthly fire drill alternately with checklist.
47 (c)	List of medication side effects is added on clients chart	4/1/22	CG1# will make sure to update chart for medication side effects for any new medications and train all caregiver to monitor side effects and report immidiately to physician and case management
50 (a)	The emergency preparedness plan was added and place in the CCFH binder. CG#1 conducted training for CG#2, CG#3 and CG#4	4/1/22	CG#1 will make sure all caregivers know the location of the emergency preparedness plan and will be more proactive in training all caregivers with any update in the plan

All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: _____

04/01/2022

CTA has reviewed all corrected items

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: Honeybee Osila

(PLEASE PRINT)

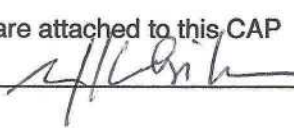
CCFFH Address: 94-478 Kalukalu St. Waipahu, HI 96797

(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 (a) (3)	CG#1 misplace list of community resource. A list of community resource was place in the CCFH binder	3/18/22	CG#1 will make sure list of community resource is available in CCFG binder monthly
54 (c) (5)	New supply of medication was place in client medication bin	3/18/22	CG#! will make sure that new supply is place in client medication bin 1 week prior previous supply is depleted and all caregivers are aware where to locate new supply of medication refills
54 (c) (6)	Obtain RN visit summary for January 2022 and place in client chart	3/19/22	CG#1 will follow-up with the RN 1 week after visit for RN summary. CG#1 will follow-up with case management if note is not recieve at the end of the month
54 (c) (8)	Client inventory list was with the client. Retrieve the client inventory list and place in chart	3/18/22	CG#1 will review and update client inventory yearly

All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: _____

09/01/2022

CTA has reviewed all corrected items