

Foster Family Home - Deficiency Report

Provider ID: 1-130020

Home Name: Junie Sales, CNA

Review ID: 1-130020-11

94-387 Kahuapaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/4/2022

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 4/4/2022.

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#2's APS/CAN lapsed on 5/14/21 and no current result present; Ecrim lapsed on 4/15/21 and was renewed on 5/1/21.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#1 and HHM#1's TB clearances lapsed on 5/1/21 and 5/22/21. Both were without a current results present.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1), (b)(6) Fire- No monthly fire drill completed from June 2021 thru February 2022. CG#2 did not conduct a monthly fire drill for the past 12 months.

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 without evidence of having had the CCFFH's Emergency Preparedness Plan of Training.

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Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancy noted for Client #1. One medication's label and MD's order didn't match the client's Medication Administration Record (MAR).

Maribel Nakamine, RW 3/4/22
Compliance Manager Date
(CWA) 3/4/22
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine RN

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

PCG's Name on CCFFH Certificate: Junie B. Sales

(PLEASE PRINT)

CCFFH Address: 94-387 Kahuapaa Street, 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?
8.(a)(1)	Lapse cannot be corrected. 2022 eCrim result for CG#2 placed in appropriate binder.	4/02/22	Home understands the criminal history record checks requirements. Home will use calendar placed on refrigerator to input all due dates and reminders. 2-month prior to due date to prevent any future lapses.
8.(2a)(2)	Lapse cannot be corrected. CG#2 APS/CAN check requested via online. Results placed in appropriate binder.	4/14/22	Home understands the adult protective service perpetrator checks requirements. Home will use calendar placed on refrigerator to input all due dates and reminders. 2-month prior to due date to prevent any future lapses.
41.(b)(7)	Lapse cannot be corrected. Current TB clearance results for CG#1 and HHM#1 placed in appropriate binder.	04/02/22	Home understands the TB clearance requirements. Home will use calendar placed on refrigerator to input all due dates and reminders 2-month prior to due date to prevent any future lapses.
(3P)(b)(1)	Lapse cannot be corrected.	04/02/22	Fire drills will be done by all caregivers at least once a year.
(3P)(b)(6)	CG#1 and CG#2 conducted fire drills for months of March 2022 and April 2022. Forms have been put into home binder.	03/11/22	Home made a plan to conduct a fire drill every 1st Fridays of the month. Reminders for each month inputted in calendar and placed on refrigerator.

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: 04/02/2022

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine RN

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

PCG's Name on CCFFH Certificate: Junie B. Sales
(PLEASE PRINT)

CCFFH Address: 94-387 Kahuapaa Street 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?
50.(a)	CG#2 has received education/training on CCFFH'S Emergency Preparedness Plan. Appropriate form signed and placed in appropriate binder.	04/02/22	Home understands it is required for all CG's to be trained educated on CCFFH'S Emergency Preparedness Plan.
54.(c)(5)	Client #1 MARs updated by CMA. MARs placed in client's chart.	03/25/22	CG#1 will ensure MARs are updated by faxing MD visit summary to CMA, who will make the needed changes when medication is added or discontinued. CG#1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and/or doctor if they are different.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 04/02/2022

CTA has reviewed all corrected items