

# Foster Family Home - Deficiency Report

Provider ID: 1-628159

Home Name: Alma Abellanosa, CNA

Review ID: 1-628159-10

2416 Wilson Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 3/15/2022

## 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 4/15/2022.

## 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)- No 1st year of APS/CAN/Fingerprint present for CG#4 in the CCFFH binder.

## 3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(b)(2) Env. the room must be adequate for socialization and recreation by the clients

Comment:

(3P)(b)(2)Env.- CG#1's bedroom was being used as a storage room therefore per CG#1- had been sleeping in the living room; CG#1's bedroom was full of personal items and there was no bed noted nor no space for a bed.

## Foster Family Home Quality Assurance [11-800-50]

50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(b), (b)(1), (b)(2)- Client ■ with four daily scheduled medications missed/not given from 3/12/22 thru 3/15/22; one of the medications was used to manage client's ■ ■ ■. Client's MD and CMA RN were not made aware per CG#1.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client [redacted] - Medication Administration Record (MAR) was last signed on 3/11/22. There were four daily scheduled medications that had not been available since 3/11/22.

Client [redacted] MAR was last signed on 3/11/22. One daily scheduled medication was not transcribed in the client's MAR.

Client [redacted] MAR was last signed on 3/11/22. One lifesaving medication was not transcribed in the client's MAR. One daily scheduled medication was not available on hand. One as needed medication was not transcribed in the client's MAR.

*Thaibell Nakamine, M* 3/15/22

Compliance Manager  
*[Signature]*  
Primary Care Giver

Date  
3/15/22  
Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Alma Abellanosa

(PLEASE PRINT)

CCFFH Address: 2416 Wilson Street, Honolulu, HI 96819

(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) (2)	No first year APS/CAN Fingerprint present for CG #4 in the CCFFH binder.  Obtained APS/CAN fingerprint for CG#4, filed in the CCFFH binder.	03/15/22	Home will use a spreadsheet on a computer to identify when requirements are due to prevent them from expiring. CG#1 will inform other caregivers when an item is due 4 weeks before it is due.
(3P)(b) (2)	CG#1 took out the items inside the room and used the room for bedroom.	03/15/22	Home would not use the bedroom for storage. Keep the room available for use.
50.(b)(1) (2)	CG#1 contacted CMA, MD and family to report adverse event.	03/15/22	CG#1 will make sure clients medication available for clients. CG#1 will contact CMA, MD and family.
54.(c)(5)	Medication discrepancy was corrected by client's CMA, MD and CG#1 on client's Administration Record.	03/15/22	Home will make sure to transcribe medications given to client into the client's MAR. Home will make sure medications are complete and be given to clients on time.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 5/2/22

CTA has reviewed all corrected items