

# Foster Family Home - Deficiency Report

Provider ID: 1-634677

Home Name: Feby Adviento, NA

Review ID: 1-634677-9

1452 Alani Street, Unit A

Reviewer: Maribel Nakamine

Honolulu

HI 96817

Begin Date: 4/5/2022

## 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 5/5/2022.

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(c)- CG#1 was short of 4 hours of annual in-service for the year 2021.

41.(g)- CG#2, CG#3, and CG#4 were without evidence of having completed the Basic Skills Checklist in Client [REDACTED] chart.

## Foster Family Home Client Care and Services [11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

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.(b)- CCFFH is licensed for 2 client. No bedroom available for the second client upon CCFFH inspection as other bedrooms were occupied by household members.

43.(c)(3)- No RN delegation present in Client [REDACTED] chart for CG#1, CG#2, CG#3, and CG#4 on [REDACTED] [REDACTED]. There was no evidence in Client [REDACTED]'s chart for an RN delegation of [REDACTED] Medications Administration for CG#2, CG#3, and CG#4.

## 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 present in Client [REDACTED] chart.

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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;

Comment:

54.(c)(2)- Client [redacted]'s Service Plan dated [redacted] required the [redacted] of a [redacted] [redacted] - there was no [redacted] [redacted] present and no written MD order.

Maibet Nakamine, RN 4/5/22

Compliance Manager

Date

Felby Achinto

Primary Care Giver

4/5/22

Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: FEBY ADVIGNTO

(PLEASE PRINT)

CCFFH Address: 1452 ALANI ST HONOLULU HI 96817

(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?
41 C	Completed missing hours of in-service.	04-12-22	will make sure all hours completed and listed on certificate will have checklist
41 E	cg 2,3,4 went through skills checklist and signed by delegating RN	04-15-22	will have all substitutes complete <sup>new</sup> checklist and all other forms
43 B	updated vacancy of care home and faxed to CTA	<del>05-04-22</del>	complete vacancy update form for every change
43 C3	had Delegating RN write delegation for [redacted] and oral medications	04-15-22	will ask delegating RN for updated delegations for new care routines
47 C	already had side effects in service plan, but was not in medication log	04-12-22	create a note/tras locating side effects in service plan
54 C2	purchased a [redacted] placed in bedroom	04-17-22	keep all technology & requirements up to date, making sure all [redacted] work

All items that were fixed are attached to this CAP

PCG's Signature: Febby Advignto

Date: 05-04-22

CTA has reviewed all corrected items