

# Foster Family Home - Deficiency Report

Provider ID: 1-190033

Home Name: Glenn T. Goya, NA

Review ID: 1-190033-6

91-1019 Pailani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 4/8/2022

## 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 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 [redacted] for [redacted] [redacted], and no delegations at all for CG [redacted] and [redacted] Client [redacted] no delegations for [redacted] [redacted] or [redacted] and no RN signature for CG 4

## Foster Family Home Records [11-800-54]

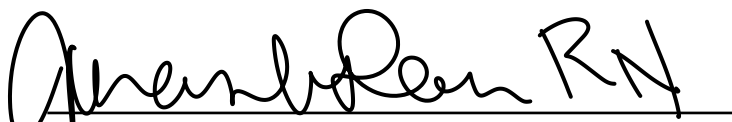
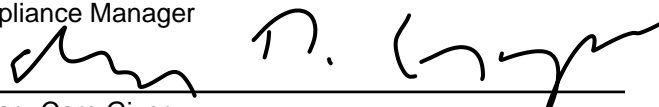
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

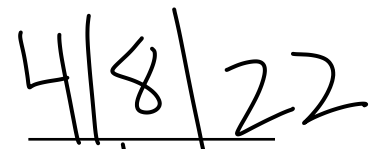
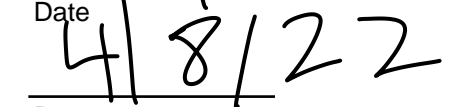
54.(c)(5) Medication schedule checklist;

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) Client [redacted] [redacted] [redacted] order for [redacted] [redacted] is listed on the Rx label and is listed as [redacted] [redacted] on the MAR

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date

CTA RN Compliance Manager: Teri Van Houten RN/Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: Glenn T. Goya  
(PLEASE PRINT)

CCFFH Address: 91-1019 Pailani Street Ewa Beach HI 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?
11-800-4 3 (c) (3)	RN delegation completed for CG [redacted] & CG [redacted] for [redacted] RN delegation completed and signed for [redacted] and suction for CG [redacted]	4/18/22	All caregivers [redacted] caring for the client will be present the day of admission. If it is not possible that all parties are available, I will make arrangements for the delegation to be thoroughly completed with the Agency. If new medications are prescribed that require an RN delegation (such as a different route), I will inform the Agency and ask the RN to complete the delegation. Note that the RN also reviews meds during monthly visits. Between the RN assigned and myself, we will make sure that delegations are completed as appropriate and needed.
11-800-5 4 (c)(2) & (c)(5)	Discrepancies identified by surveyor in the SP for Client [redacted] and Client [redacted] were reconciled and corrected. Also, discrepancy identified by surveyor on Client [redacted] MAR regarding [redacted] order [redacted] order was corrected in the MAR to match Rx label and MD order.	4/18/22	All caregivers [redacted] will care for the patient by following the the Service Plan & MD orders as it is written. It is difficult to outline a prevention strategy as the discrepancy that was noted was a typo and it was corrected. But in the future, I will make sure, along with the RN assigned to me, that the Rx label order matches the MD order and is reflected correctly in the MAR.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 5/18/2022

CTA has reviewed all corrected items