

Foster Family Home - Deficiency Report

Provider ID: 1-150037

Home Name: Marcela Briones, CNA

Review ID: 1-150037-13

94-607 Kipou Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 4/11/2022

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 3 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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) HHM [redacted] is now age 18.5, has not completed any background checks/TB clearance or confidentiality training

8.(a)(2) CG 1 no documentation of current APS CAN

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) Client [redacted] MD ordered [redacted] per [redacted] CCFFH reports family pays out of pocket which is not allowed per medquest the CCFFH is responsible for providing all nutrition CCFFH signs 1 can per day

Foster Family Home Records [11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

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

Comment:

54.(c)(3) Client [redacted] has a signed MD order for [redacted] [redacted] there is no documentation this has been done for 4/2022

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

54.(c)(5) Client # [redacted] no documentation of medications given for any of [redacted]

Client [redacted] has expired by over 1 year and [redacted] is attached to the expired [redacted] no delegation on [redacted] or [redacted] the [redacted]

Client [redacted] no [redacted] (an [redacted] medication) present in the CCFFH. It is on MAR for [redacted] [redacted] [redacted]

Client [redacted] - MD order for [redacted] times per [redacted] CCFFH sign on MAR as giving [redacted] per [redacted]


Compliance Manager


Primary Care Giver

4/11/22
Date

4/11/22
Date

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-300**

PCG's Name on CCFFH Certificate: MARCELA BRIONES Foster Care and SERVICES
(PLEASE PRINT)

CCFFH Address: 911-607 KIPOU ST. WAIPAHU, HAWAII, 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)	HHM [redacted] AGE 18.5, has no completed Background check APS/CAN.	4/27/22	Will make sure that every HHM that is 18 yrs old and above will do a Background Check and APS/CAN, TB Test and Confidentiality Training from now on. Home will make sure to make a grid one month in advance before it expires.
	HHM [redacted] Completed Background check and APS/CAN was placed in my [redacted] Binder dated [redacted]		
	HHM [redacted] No completed TB Test Clearance.	4/28/22	
	HHM [redacted] completed TB Clearance was placed in my [redacted] Binder dated [redacted]		
8(a) (2)	HHM [redacted] No confidentiality Training.	4/12/22	Setting a calendar grid w/ due date one month in advance before it expires, from now on.
	HHM [redacted] has already attended the training dated [redacted]		
	CG [redacted] has No APS/CAN	4/27/22	
	CG [redacted] APS/CAN was placed on my [redacted] Binder dated [redacted]		

All items that were corrected are attached to this POC

Date: 4/30/2022

PCG's Signature: [Signature]

CTA has reviewed all corrected items

CTA RN Compliance Manager: Send to Terri 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: MARCELA BRUNES Foster Care & Services
 (PLEASE PRINT)

CCFFH Address: 94-607 KIPOH ST. WAIPAHU, HAWAII 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?
47(d) (1)	Client [redacted] MD ordered [redacted] per [redacted] CCFFH signs [redacted] Mar is not updated, will ask CMA an updated copy. MAR copy, (an updated) is placed on Client [redacted] Binder dated [redacted] Family pay out Client [redacted] [redacted] that MD orders. CCFFH will reimburse family of Client [redacted] the pay out of pocket, nutrition drink.	4/14/22	Will make sure that asked/check regularly an updated MAR copy from CMA. Setting a calendar grid
54(c)(3)	Current copies of MD orders. Physicians orders was placed on Clients [redacted] Binder dated [redacted]	4/13/22	Will make sure that CCFFH will reimburse the out of pocket, family pays. CCFFH is responsible for all nutrition drink. Make sure to follow up w/ the PCP to send for the MD order for medication orders.
54(c)(5)	Medication Reconciliation of CI [redacted] + CI [redacted] Called the attention of CMA'S to update the MAR copies	4/13/22	Setting a document w/ due date

All items that were corrected are attached to this POC
 PCG's Signature: Marcela Bruner

Date: 4/30/2022

CTA has reviewed all corrected items

CTA RN Compliance Manager: Send to Terri Van Houten RN / Jackie Chamberlain RN

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-300**

PCG's Name on CCFFH Certificate: MARCELA BRONKS Foster Care & Services
(PLEASE PRINT)

CCFFH Address: 94-607 KIPOU ST. WAIKAPAHU, HAWAII 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?
	of Client [redacted] and Client [redacted] MAR copies are placed on CL's Binder dated [redacted] MD orders are placed as well. AE of Client [redacted] was placed on [redacted] Binder dated [redacted]. Notified CMA and Family.	4/12/22	Will make sure that every medication received is matched w/ MD orders/CMA updated MAR copies.
54.(c)(5)	No Documentation of Medication's given on 4/1/22 - 4/11/22. Fill up the MAR documentation on 4/11/22.	4/11/22	It is the CCFFH responsibility to record/document the medication given everyday. From now on, I will make sure that CCFFH will do the documentation.
	CL [redacted] expired. No delegation on using [redacted] No [redacted] present on Home, CCFFH. Both medication are [redacted] on MAR. Both medication, [redacted] and [redacted] are already available @ Home. dated [redacted]	4/15/2022	Make sure that medications are not expired even client is not using it. [redacted] Setting a document w/ due date

All items that were corrected are attached to this POC

PCG's Signature: Jackie Chamberlain

Date: 4/30/2022

CTA has reviewed all corrected items