

Foster Family Home - Deficiency Report

Provider ID: 5-160019

Home Name: Annette Rivera, CNA

Review ID: 5-160019-9

5362 Olopuua Street

Reviewer: Maribel Nakamine

Kapa'a

HI 96746

Begin Date: 5/12/2022

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 corrections due to CTA on 6/12/2022.

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

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P)(b)(2)Fire- No nighttime fire drill conducted for the past 12 months.

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.

47.(d) Use of physical or chemical restraints shall be:

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(c)- No Adverse event completed for Client [REDACTED] medication discrepancy between the Medication Administration Record (MAR), MD order, and medication's label.

47.(d), (d)(1)- No MD order present for Client [REDACTED].

47.(e)- No training present for CG#1, CG#2, and CG#3 for Client [REDACTED].

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip surface present in the clients' bathroom shower floor.

Foster Family Home - Deficiency Report

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:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a)- [REDACTED] without evidence of having been trained in the CCFFH's Emergency Preparedness Plan.

50.(e)- No doorbell was available in the CCFFH's front door for CTA/Agency to have quick access to CCFFH.

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)- No MD orders ([REDACTED]) present in Client [REDACTED]'s chart/binder.

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

Maribel Nakamie, RW 5/12/22

Compliance Manager

aprivera

Primary Care Giver

Date

5/12/22

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: Annette Rivera

CCFFH Address: 5362 Olopuu St. Kapaa, Hi. 96746
(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?
(3P)(b)(2)	Held @ different times of the day the fire drill.	6/1/22	Home will vary the time of fire drill.
(47)(c)	Wrote AE for medication discrepancy. Went to [redacted] for medication clarification.	5/16/22	Make sure written orders of doctor should match w/ medication label & MAR.
(47)(d)(1)	Requested a written order of [redacted] & [redacted]	5/13/22	To have an order by the physician to use [redacted] or [redacted] before using it.
(47)(e)	Requested to call office the [redacted] training.	5/13/22	Request a nursing delegation training to call as soon as there's an order by physician.
(49)(a)(1)	Bought a non-slip rubber mat for shower use.	5/18/22	Always use a non-slip rubber mat for shower for clients safety.

All items that were corrected are attached to this POC

PCG's Signature: Afrima

Date: 6/1/22

CTA has reviewed all corrected items

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: Annette Rivera
(PLEASE PRINT)

CCFFH Address: 5362 Olopana St. Kapaa, Hi. 96744
(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)	Printed the form & let caregiver read & sign it.	5/15/22	Make sure [redacted] CG are up to date w/ paper works to ensure safety in caring clients.
(50)(e)	Installed doorbell for visitors easy access to home.	5/20/22	Make sure doorbell are accessible anytime.
(54)(c)(3)	Requested a copy of written medication from [redacted] Physician.	5/13/22	Filed in the clients binder the copy of written medication from [redacted] Physician.
(54)(c)(5)	Went to Dr/Physician for medication clarification.		Make sure physicians order medicine label & MAR are same/match.

All items that were corrected are attached to this POC

PCG's Signature: Annette Rivera

Date: 6/1/22

CTA has reviewed all corrected items