

Foster Family Home - Deficiency Report

Provider ID: 1-513243

Home Name: Clemencia Bermejo, CNA

Review ID: 1-513243-10

94-930 Hiapo Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 5/24/2022

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 inspection 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;

Comment:

8.(a)(1) No proof of fingerprint for HHM [REDACTED]

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] use, cleaning and precautions, or Client # [REDACTED] (including use or declined of [REDACTED] which is present in the concentrator) or [REDACTED] use, cleaning and precautions.

Foster Family Home Records [11-800-54]

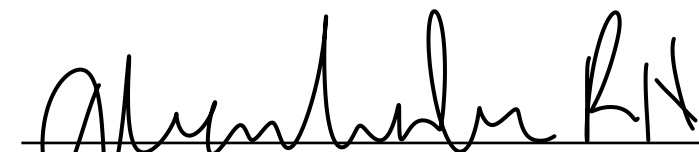
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

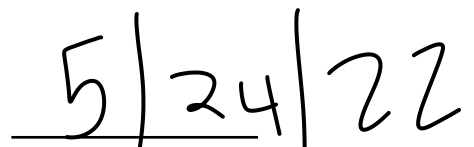
54.(c)(3) Current copies of the client's physician's orders;

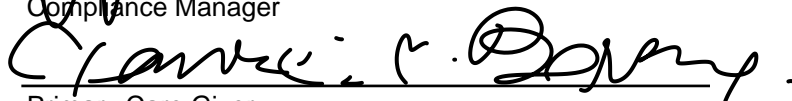
Comment:


54.(c)(2) Service plan for clients [REDACTED] and [REDACTED] have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(3) Client [REDACTED] CCFFH has recently stopped [REDACTED] [REDACTED] [REDACTED] without a signed MD order


Compliance Manager


Date


Primary Care Giver


Date

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: Bermejo Foster (Clemencia Bermejo)
(PLEASE PRINT)

CCFFH Address: 94-930 Hiapo Street, Waipahu, HI 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?
6.(d)(1)	Submitted corrective action plan	06/10/22	Follow preventative strategies
8.(a)(1)	Obtained proof of fingerprint for HHM [REDACTED]	06/10/22	Quartly, starting in march, a staffing evaluation will be performed. Reviewing CG documents for proof of fingerprinting. One month before expiration, a reminder will be sent to the CGH to obtain proof of fingerprinting documentation. All Documents obtaianed will then be stored in CG records
43.(c)(3)	RN delegation was done for Client # [REDACTED] & [REDACTED] was done by case manager.	06/10/22	Care home will notify Client Case management that a RN delegation needs to be done within 5 business days whenever doctor orders new procedure.
54.(c)(2) 54.(c)(3)	Client #1, 2, & 3 Service plan reviewed by case manager R.N. for completeness and discrepencies.	06/10/22	Whenever there is a update in the service plan, RN case manager will review for completeness and discrepencies within 5 business days.

All items that were corrected are attached to this POC

PCG's Signature: Clemencia e Bermejo

Date: 06/10/22

CTA has reviewed all corrected items