

Foster Family Home - Deficiency Report

Provider ID: 1-180039

Home Name: Laura Umayam Inocencio, NA

Review ID: 1-180039-8

91-656 Kilinahe Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 4/6/2022

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 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 current APS CAN ECRIM for HHM ■ and ■

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) TB Screening Clearance not up to date for CG ■, ■ and ■ and HHM ■

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 # ■ for ■ ■ ■

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No evidence of Fire drills conducted since 2021

Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner

Foster Family Home

Quality Assurance

[11-800-50]

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(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

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;

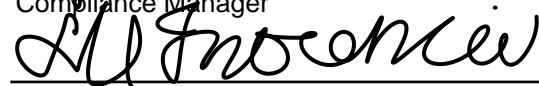
54.(c)(5) Medication schedule checklist;

Comment:

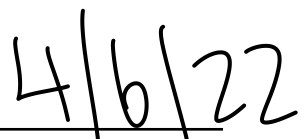
54.(c)(2) Service plan for client [REDACTED] is missing completely. Unable to determine if service plan is being followed

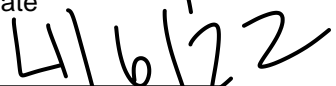
54.(c)(5) Medication discrepancy for client [REDACTED] medication prescription label did not match medication administration record and / or the signed MD orders.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: 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: Laura Inocencio
(PLEASE PRINT)

CCFFH Address: 91-656 Kilinahe 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?
8(a)(1)	APS CAN were done for HHM and [REDACTED]	5/5/22 5/10/22	Foster Home will use a wall calendar to put all due dates on. Background checks will be done at least 2 weeks before due date to prevent future lapses and to download copies and placed into home binder.
41(b)(7)	TB Screening clearances was obtain for caregivers [REDACTED] and [REDACTED] and HHM [REDACTED]	5/5/22 5/10/22	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. [REDACTED] CG will inform other caregivers when an item is due 2 weeks before its due.
43(c)(3)	RN delegation was done for all caregivers by the client's CMA. It was placed into the client record.	5/2/22	Home will notify client's CMA that RN delegation needs to be done within 3 days of a caregiver being added to the home.
46(a)	Fire Drills conducted and were mark on the calendar but [REDACTED] CG wasn't able to transfer it to the Fire Drill designated paperwork. Lapsed Fire Drill paperwork from Sept. 2021 to Dec. 2021. Old calendar year 2021 was thrown away.	5/4/22	CCFFH [REDACTED] CG will make sure to perform Fire Drills and write it immediately on Fire Drill paperwork and file it in the binder. Foster Home will use a wall calendar to put all due dates on.

All items that were corrected are attached to this POC

PCG's Signature: Laura Inocencio

Date: 5/31/2022

CTA has reviewed all corrected items

CTA RN Compliance Manager: 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: Laura Inocencio
(PLEASE PRINT)

CCFFH Address: 91-656 Killinahe Street
(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?
49(c)(3)	Cleared/uncluttered items indoor and outdoor living area for the safety of everyone living in home. Threw away unnecessary stuff both inside and outside of CCFFH.	4/28/22	Everyone living in CCFFH will cooperate especially ■CG & ■CGs in making sure indoor & outdoor living space are clean & uncluttered.
50(e)	■CG installed a doorbell at the gate of CCFFH.	4/20/22	CCFFH will maintain a communication method/doorbell at the gate for quick access into the home.
54(c)(2)	Service plan for client ■ updated and filed inside binder.	5/4/22	RN Case Manager & ■CG will make sure that there is a service plan and it's inside the CCFFH binder using a note reminder.
54(c)(5)	Medication discrepancy was corrected by client's CMA, MD and ■CG on client's Medication Administration Record.	5/4/22	■CG will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy and/or doctor if they are different.

All items that were corrected are attached to this POC

PCG's Signature: Laura Inocencio

Date: 5/31/2022

CTA has reviewed all corrected items