

Foster Family Home - Deficiency Report

Provider ID: 1-513186

Home Name: Luzviminda Padilla, CNA

Review ID: 1-513186-11

92-745 Paala Loop

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 5/16/2022

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 Personnel and Staffing [11-800-41]

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) No proof of current TB clearance for CG 1 2 and 3

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) Repeat violation: outdoor living spaces are cluttered in an unsafe manner specifically behind the home with make shift cooking surfaces, electrical cords, storage, boxes and general clutter

Foster Family Home - Deficiency Report

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;

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

- 54.(c)(8) Personal inventory.

Comment:

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

54.(c)(3) No signed MD order are present at all for client [REDACTED] including medications, and for [REDACTED] [REDACTED] that CCFFH has been performing for [REDACTED] [REDACTED].

54.(c)(5) Medication discrepancy for client [REDACTED] and [REDACTED] medication prescription label did not match medication administration record and / or the signed MD orders. Client [REDACTED], no signed MD orders for medications. Unable to determine if medications are being given correctly. Client [REDACTED] has several [REDACTED] and [REDACTED] [REDACTED] medications not included on MAR

54.(c)(8) Client # [REDACTED] Personal inventory sheet is blank



Compliance Manager

Primary Care Giver

5/16/22

Date

5/16/22

Date

CTA RN Compliance Manager: Reviewer: Jackie Chamberlain

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: LUZVIMUNDA C PADILLA
(PLEASE PRINT)

CCFFH Address: 92-745 PAALA LP. KAPOLEI HI 96707
(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?
41.16(5) (c) (ii)	Obtained TB clearance and filed for CG 1+2 There is no CG 3	5/27/22	I will use calendar schedule to obtain TB Clearance before Expiration
49(c) (3)	The observation was to the outdoor living spaces (at the back) used to laundry and other working area, plus, out side of the jurisdiction.	6/16/22	I believe the rule mentioned in 49.(c)(3) pertains to home/ room the patient, which must be maintained in clean, well ventilated, adequately lighted. There was no related deficiency noted here in.

All items that were fixed are attached to this CAP

PCG's Signature: Luzvimunda Padilla

Date: 6-16-22

CTA has reviewed all corrected items

8

CTA RN Compliance Manager: Reviewer Jackie Chamberlain

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: LUZVIMINDA C PADILLA
(PLEASE PRINT)

CCFFH Address: 92-745 Paala LP. KAPOLEI HI 96707
(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?
11-800-54 54.(c) (2) 54.(c) (3) 54.(c) (3)	<p>Client [redacted] was discharged from CCFFH on [redacted] and discharged to [redacted].</p> <p>Client [redacted] on the leg showed improvement and resolved upon discharged on [redacted].</p> <p>Client [redacted] discharged from CCFFH on [redacted] and discharged to [redacted].</p>	<p>June 10 2022</p> <p>June 10 2022</p>	<p>CCFFH Clients services Plan will be reviewed by RN-CM, medication reconciliation will be performed monthly by RN-CM, Personal hist will be also reviewed and updated as indicate.</p> <p>Findings will be communicated by visiting RN-CM to care giver for follow up and to ensure medical records with similar deficient practice will be corrected and complete.</p>

All items that were fixed are attached to this CAP
 PCG's Signature: Luzviminda C Padilla Date: 6-16-22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reviewer: Jackie Chamberlain

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: LUZVIMINDAC PADILLA
(PLEASE PRINT)

CCFFH Address: 92-745 POALA LP. KAPOLEI HI 96707
(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?
54.6c) (5)	Client [redacted] was discharged from CCFFH on [redacted] and discharged to [redacted]		
54.6c) (8)	Client [redacted] was discharge from CCFFH on [redacted] and discharge to [redacted]		

All items that were fixed are attached to this CAP

PCG's Signature: Luzymina de Padilla

Date: 6-16-22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Reviewer: Jackie Chamberlain

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Luzviminda C. Adilla
(PLEASE PRINT)

CCFFH Address: 92-745 PAALA LP. KAPOLEI HI 96707
(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?
54.6 (5)	Client [redacted] pass away with [redacted] care and CCFFH on [redacted]	June 10 2022	CCFFH Clients medication reconciliation will be performed monthly by RNCM, and findings will be communicated by visiting RNCM to caregiver for follow up and ensure medication and medical records with similar deficient practice will be corrected and completed.

All items that were fixed are attached to this CAP

PCG's Signature: Luzviminda C. Adilla

Date: 6-16-22

CTA has reviewed all corrected items