

# Foster Family Home - Deficiency Report

Provider ID: 1-130028

Home Name: Elsa Atis, CNA

Review ID: 1-130028-15

91-1047 Kuhina Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 7/13/2022

## 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.

## 3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(c)(1) Env. the room must be at least 60 square feet

Comment:

(3P)(c)(1) Env.: no wheelchair appropriate dining table (kitchen bar only) client currently eat only in their bedrooms

## 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;


54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

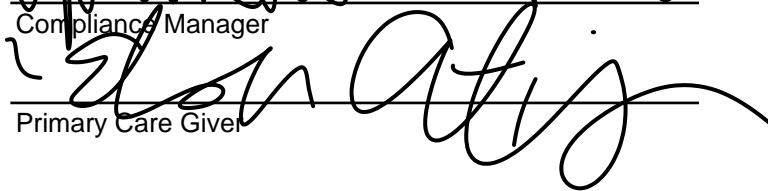
Comment:

54.(c)(2) Service plan for clients 2 and 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) The MAR does not include the dose given for sliding scale insulin 3 times per day for client 1  
The manufacturers instructional insert has not been followed for insulin Pen (no priming of needle prior to dose)

54.(c)(6) Daily documentation for blood glucose readings do not match the BGM meter memory

  
Compliance Manager

  
Primary Care Giver

7/13/22  
Date

7/13/22  
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: ELSA ATIS  
(PLEASE PRINT)

CCFFH Address: at-wlft Kuhina St. 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?
3P(5)(1) ENV.	Created a wheelchair appropriate dining table for clients to use in the dining area.	7/18/2022	Keep table in dining area at all times in dining room and do not remove.
54(5)(2)	Plan of care updated by CM based on clients needs	7/12/2022	Communicate with CM any changes in condition and/or changes in behavior and practice. CM to review and modify plans of care every 6 months and PRN more often based on change in condition.
54(5)(5)	CM #1 created flash cards to help communicate with client more effectively.	7/13/2022	Make flashcard available as needed to help communicate between client and caregivers.
	Caregivers to prime insulin needed prior to dialing insulin amount and administering.	7/19/2022	Make sure all caregivers get in service by CM before administering insulin.
	Write of number of insulin units given in the MAR after each insulin administration.	7/19/2022	Check MAR daily for proper and complete documentation of medications given.
54(5)(6)	ASK CM to revise flow sheet to add column for insulin dose given.	7/19/2022	Column added in diabetic flow sheet. Audit diabetic flow sheet daily to ensure complete and accurate documentation.
	Replace glucometer. Ask prescription to PCP for new glucometer.	7/25/2022	Have CM to do in-service for new glucometer and make sure log daily.

All items that were corrected are attached to this POC

PCG's Signature: elsa - e - Atis

Date: 7/31/2022

CTA has reviewed all corrected items