

# Foster Family Home - Deficiency Report

Provider ID: 1-614075

Home Name: Evelyn Arroccena, CNA

Review ID: 1-614075-11

91-743 Aikanaka Road

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 7/12/2022

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification inspection.

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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) CG 1,3 and 4 have screening form only without proof of qualifying factors (previous positive TB skin test, and negative CXR)

HHM 1 has proof of CXR but no proof of previous positive skin test

## 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 # 1, 2 or 3 for CG 2 who is alone with clients for 3 weeks during CG 1 vacation. Including insulin administration, blood glucose monitoring, eye drops, and PRN meds

## Foster Family Home Quality Assurance [11-800-50]

50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

Comment:

50.(d) CCFFH has no street address signage on the home to identify the CCFFH for access by agencies or emergency persons

# 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;


Comment:

54.(c)(3) Client # 1 has a signed MD order for twice daily blood glucose testing. The clients meter has not been properly programed for date and time, and the memory is showing only occasional testing, not twice per day. The test results in the meter do not match the written log.

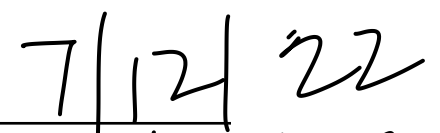
54.(c)(2) Service plan for clients #3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice for the clients monthly weight

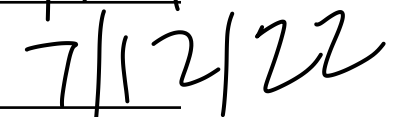
Client # 2 has an outdated service plan 12/21

54.(c)(5) Medication discrepancy for client # 1 and # 2 and 3 medication prescription label did not match medication administration record and / or the signed MD orders. Client 3 has 2 empty prescription bottles pharmacy states refills have not been requested causing missed doses

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
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: Evelyn Arroccena

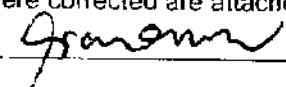
*(PLEASE PRINT)*

CCFFH Address: 91-743 Aikanaka Road, 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?
6. (d)(1)			
41. (f)(1)	CG #1, 2, & 4 provided a copy of the previous TB skin test and negative CXR. CG #1 filled out the required TB exclusion form and signed for HHM #1.	8/1/22	CG #1 will verify on a checklist the updated requirements to submit. All caregivers and household members who qualify will fill out the TB exclusion form.
43. (c)(3)	RN delegation was done for client #1, 2, & 3, by CMA. They were placed into clients' chart.	8/1/22	CG #1 will notify the clients' CMA that the RN delegation needs to be done. CG #1 will place a reminder note on the client's chart to complete RN delegation.
50. (d)	CCFFH had the numbers for the street address signage on the home repainted a dark brown.	8/1/22	CG #1 will verify that address signs for the CCFFH will be visible for access by agencies or emergency persons.
54. (c)(2)	CG #1 requested client #3's written order for monthly weight. [redacted] has provided individual service plan (ISP) for client #2. ISP chart has been placed in the client #2's chart.	8/1/22	CG #1 will review the service plan with the RN and CMA each month to ensure it matches the needs of the client. CG #1 will place a reminder note on the client's chart to review service plans monthly.
54. (c)(3)	Dr. [redacted] ordered a new blood glucose testing meter programmed for AM and PM readings.	8/1/22	CG #1 will set a reminder to check that the Blood Glucose Monitoring System is working and that all results in the memory are matching the written results on the client's chart.
54. (c)(5)	Dr. [redacted] ordered a new prescription for client #1. Client #1 & #2's case manager has changed the medication administration record to match with the doctor's prescription label and MD's order. CG #1 checked the prescription bottle and asked doctor for refill's for client #3.	8/1/22	CG #1 will set calendar reminders to look at all medication orders, bottles and MAR to ensure all matches before giving any new medication. CG #1 will notify the CMA, doctor or Pharmacy if they are different.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 8-10-2022

CTA has reviewed all corrected items