

# Foster Family Home - Deficiency Report

Provider ID: 1-150063

Home Name: Flordeliza S. Onaga, CNA

Review ID: 1-150063-10

94-1209 Henokea Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

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- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/12/2022.

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

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- C [REDACTED] TB clearance was signed by an MA (Medical Assistant).

41.(g)- CG#1, CG#3, and CG#4's basic skills checklist without the CMA RN's signature in Client [REDACTED] chart.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P) (b)(2) Staff- C [REDACTED] was utilized for 6 hours on 2/26/21 according to the Sign In/Out Sheet.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P) (b)(1) Fire- No monthly fire drill completed since August 2021 thru June 2022.

(3P) (b)(2) Fire- no nighttime fire drill for the past 12 months.

(3P) (b)(6) Fire- CG [REDACTED] and C [REDACTED] were without evidence of having conducted a monthly fire drill for the past 12 months.

# Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d), (d)(1)- No written MD order for Client [REDACTED] and Client [REDACTED]s [REDACTED].

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- C [REDACTED] and C [REDACTED] were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancy was noted for Client [REDACTED]. One medication was not transcribed in the client's Medication Administration Record (MAR).

Maikel Malvarine, R 7/12/22

Compliance Manager

Date

Floridhya Onaga

Primary Care Giver

Date

7/12/22

CTA RN Compliance Manager: Maribel Nakamine RN

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Flordeliza S. Onaga

(PLEASE PRINT)

CCFFH Address: 94-1209 Henokea St Waipahu, Hawaii 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?
41.(b)(7)	Obtained a copy of the TB clearance signed by APRN by the CG and it was placed into home record.	7/14/22	CG#1 will be make a habit to check emails and keep update to [REDACTED] memo circulars.
41.(g)	CG#1 obtained the signature of the CMA RN'S of CG#1, CG #3 and CG#4 basic skills checklist and keep in client #1 chart.	08/01/22	CG#1 shall marked the pages of the basic skills checklist or any pertaining documents that has been missed to be signed by the CMA RN's.  CG#1 will put a sticky note in order to ensure that the CG will be reminded about missing items that has to be completed.
(3P)(b) (2)staff	CG#1 shall utilized upcoming schedule of NA for a maximum of 4 hours in a day or not more that 28 hours a week in the home.	7/13/22	CG#1 shall be reminded of the time allotted to every [REDACTED] CG everytime they are used at home.  CG#1 shall keep track and be reminded of the times spent outside and be able to be at the house before NA time expires to avoid extended hours by NA.

All items that were corrected are attached to this POC

PCG's Signature: Flordeliza S. Onaga

Date: 8/4/2022

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine RN

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Flordeliza S. Onaga  
(PLEASE PRINT)

CCFFH Address: 94-1209 Henoeka St Waipahu, Hawaii  
(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)(b) (1)Fire	CG#1 conducted Fire Drill with the [REDACTED] Caregiver for the month of July.	07/15/22	CG#1 will use a wall calendar to put a reminder for the fire drill scheduled every month.
(3P)(b) (2)Fire	CG#1 conducted Fire Drill with the [REDACTED] caregiver at 6:00 in the evening.	07/15/22	CG#1 will use a wall calendar and put a sticky note for the scheduled fire drill on each month. CG#1 will make sure that a fire drill is executed at different times of the day, evening and night by tracking the record every month and is kept in the chart for reference.
(3P)(b) (6)Fire	CG#1 conducted Fire Drill with CG # 3 at 6:00 in the evening	07/15/22	CG#1 will schedule the fire drill with the presence of each of the substitute caregiver at least once in a months. CG#1 will use a wall calendar to put the dates and names of the CG who will be conducting the fire drill.
47.(d) (1)	A doctors order with signature was obtained for the use of side rails and was placed in the binder for client #2 and Client #3	07/15/22 and 07/26/22	CG#1 shall monitor any changes in the patient's condition and will report to CMA for assessment. CMA and CG shall coordinate with PCP and will obtain a doctors order with signature and will kept to client #2 and #3 chart.

All items that were corrected are attached to this POC

PCG's Signature: Flordeliza S. Onaga

Date: 8/4/2022

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine RN

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Flordeliza S. Onaga  
(PLEASE PRINT)

CCFFH Address: 94-1209 Henokea St. Waipahu, Hawaii 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?
50.(a)	CG#1 obtained an updated copy of the Emergency Preparedness Plan and trained each CG on the emergency management procedures. Each CG working in the home signed their names to acknowledged that they have been trained on all of the CCFFH's emergency management procedures.	07/15/22, 08/03/22	CG#1 shall conduct a training on Emergency Preparedness Plan on their first day of work everytime there is a new caregivers to work in the home.  CG#1 shall conduct a re-training of the Emergency Preparedness Plan on all substitute caregivers working in the home as a refresher course at least twice a year.
54.(c)(5)	Medication discrepancy was corrected by client's Medication Administration Record for client #2	07/13/22	CG#1 will look at all the medication administration records and bottles to ensure they both match everytime 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: Flordeliza S. Onaga

Date: 8/4/2022

CTA has reviewed all corrected items