

Foster Family Home - Deficiency Report

Provider ID: 4-510885

Home Name: Genoveva Lagat, CNA

Review ID: 4-510885-11

1902 Koa'e Place

Reviewer: Terri Van Houten

Wailuku

HI 96793

Begin Date: 7/19/2022

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 8/19/2022.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - Lapse in APS/CAN. CG# 4 and CG#5 expired 6/29/22. CG# 6 expired 3/3/22.

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) - Lapse in TB clearance. CG#3 and CG#6 did not have a current TB clearance on file.

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

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

Comment:

(3P)(b)(1) Fire - CCFFH did not have evidence that fire drills are being completed monthly. Last documented fire drill was conducted in 7/2021. CCFFH needs to demonstrate that all CGs are conducting a fire drill at least once every 12 months.

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)(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 client #1, #2 and #3 did not match the current practice in the CCFFH (Vital signs frequency).

54.(c)(3) - Client #3, dose change for medication was not reflected in the physician orders on file.

54.(c)(5) - Medication discrepancy noted for Client #1 and Client #3.

54.(c)(6) - ADL flow sheet and MAR were not up to date for client #1, #2 and #3. Last documentation entries were from 7/4/2022.



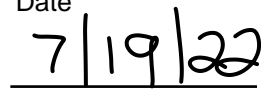
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Genoveva Lagat

(PLEASE PRINT)

CCFFH Address: 1902 Koa'e Place, Wailuku, HI 96793

(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)(2)	CG#4: [REDACTED] CG#5: [REDACTED] CG#6: [REDACTED]	8/3/22 8/3/22 8/3/22	Spreadsheet has been developed and created to monitor expiration dates of documents required for each caregiver. This is a great reference which work for the most part. However, did not act to update the expired documents on time. Must act appropriately in a timely manner.
41.(b)(7)	CG#3: [REDACTED] CG#6: [REDACTED] TB clearance was obtained from CGs above and placed into the home record.	7/23/22 8/1/22	See first paragraph above. Also, both caregivers are required to provide their test results once they update their TB clearance, which is also required at their primary employer.
(3P)(b)(1)	The fire drill sheets could not be located during 7/19/22 morning visit – It was misplaced. CG#2, [REDACTED] informed CG#1 the whereabouts of the fire drill sheets upon returning home from work. CTA [REDACTED] was notified by phone the same day.	7/19/22	Documentation was not placed back where it should be – in the white binder. It is now corrected. Discussed and notified CM of clients individual service plan (vital signs frequency).
54.(c)(2)	Client#1, Client#2, and Client#3	8/11/22	
54.(c)(3)	Client#3 Medication was discontinued upon doctor's visit on 7/29/22.	7/29/22 7/29/22	[REDACTED] (CG#1) will look all the meds administration records and bottles to ensure they both match every time before giving the meds. Home will immediately notify CM, Pharmacy and/or doctor if they are different.
54.(c)(5)	Client#1. None left in bottle – last pill was used 7/19/22. Meds was pick up the next day, once the Pharmacy has the approval to fill the prescription. Client#3. See remarks for 54.(c)(3) above.	7/20/22 7/29/22	Keep calling the Pharmacy even when requests to fill has been made. Also, call the the client's doctor to help expedite the process of refilling the meds. See remarks for 54.(c)(3) above.
54.(c)(6)	Client#1, Client#2, and Client#3 ADL flow sheet and MAR were updated same day of visit.	7/19/22	Continue monitor and update, as needed, ADL flow sheet and MAR daily.

All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 8/11/2022

CTA has reviewed all corrected items