

Foster Family Home - Deficiency Report

Provider ID: 1-561127

Home Name: Glenda Ramo, CNA

Review ID: 1-561127-11

94-402 Lehopulu Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 7/15/2022

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.

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 no delegation for fentanyl patch, suppository, lidocaine patch or suction and client # 3 for suppository

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;

Comment:

54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders for use of albuterol (PRN vs routine)


Compliance Manager


Primary Care Giver

7/15/22

Date
7/15/22
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: Glenda Ramo

(PLEASE PRINT)

CCFFH Address: 94-402 Lehopulu 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?
43.(c) (3)	RN delegation was done for client #1 and client #2 by CMA. It was placed into the client's chart.	07/29/2022	CG #1 will notify the client's CMA that RN delegation needs to be done. CG #1 will place a reminder note on the client's chart to complete RN delegation.
54.(c) (2)	Service plan for client #1 and client #2 was corrected by CG #1, CMA and visiting RN.	07/29/2022	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) (5)	Medication discrepancy for client #2 was corrected by the client's CMA, MD, and CG #1 on the client's medication Administration Record.	07/20/2022	CG #1 will look at all medication orders, bottles and MAR to ensure all matches before giving any new medication. Home will notify the CMA, doctor or Pharmacy if they are different.

All Items that were corrected are attached to this POC

PCG's Signature: Glenda Ramo

Date: 07/31/2022

CTA has reviewed all corrected items