

Foster Family Home - Deficiency Report

Provider ID: 1-569931

Home Name: Marcelina Tito, CNA

Review ID: 1-569931-10

91-851 Kapana Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

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) CCFFH inspection made for a 3 bed re-certification.
Deficiency Report issued during CCFFH inspection 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 # 2 for eye drops

Foster Family Home Client Rights [11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) - There are no signed physicians orders, including for use of side rails for client #1

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)(8) Personal inventory.


Comment:

54.(c)(2) Service plan for clients #1 is missing completely
2 and # 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice


54.(c)(8) Client # 1 Personal inventory sheet is blank




Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Send to Terri Van Houten RN / Jackie Chamberlain RN

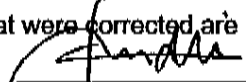
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: MARCELINA TITO
(PLEASE PRINT)

CCFFH Address: 91-851 KAPANA PL , 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)	Documents that needed to be sign were signed by the Caregiver, (see all attached documents)	7/21/22	In the future I willmake sure that all documents are properly signed in a timely manner. I will communicate closely with RN CM . See attached checklist
43.(c)(3)	RN delegation done by Case Manager, demonstrated to all caregivers , all verbalized understanding. (see attached documents)	7/20/22	In the future I will make sure to review my client medication with my Case Manager for us to be delegated in a timely manner before initiation of such medication See attached checklist
53.(b)(7)	Physician order signed by MD (see attached order); reviewed dischatged summary and noted itwas electronically signed by Discharching MD, see attaches discharge summary	7/19/22	In the future I will make sure that Discharge Summary signed by Discharging MD if PCP not available to sign admission orders See attached checklist
54.(c)(8)	Service Plan emailed by RN CM 7/4/22 , see attached Service Plan ; reviewed Service pln Clients #2 and # 3 with RN, to make changes according to MD orders and implemented as stated in the plan	7/20/22	In the future I will make sure that Service Plan is present in the chart at all times; I will read Sevice plans and implemented accordingly to each client's plan See attached checklist
54(c)(2)	Client# 1 has no belongings upon admission, Inventory is blank	7/20/22	In the future i will make sure that Perso belongings inventoried /check upon arrival See attached checklist

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 8/1/22

CTA has reviewed all corrected items