

# Foster Family Home - Deficiency Report

**Provider ID:** 1-210064

**Home Name:** Maribel E. Balete, NA

**Review ID:** 1-210064-3

94-367 Ikepono Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 7/11/2022

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 2 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home	Information Confidentiality	[11-800-16]
--------------------	-----------------------------	-------------

16.(b)(4) Respect client privacy rights;

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(4) There were video cameras in Client # 2 bedroom. There were no consent forms for use of video surveillance equipment. Use of video is a violation of client privacy without written consent.

16.(b)(5) No proof of training for HHM 1 and 2

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) no proof of TB screening or exclusion for HHM 1 and 2

CG 4 has screening form only without proof of qualifiers

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 any caregiver except CG 1, CG 2 had full care of clients for 2 weeks while CG 1 was off Island

43.(c)(3) Client 1 has a nebulizer without delegation for use and precautions. The tubing and chamber were observed stored in a manor not following the manufactures recommendation. Client 1 has no order or delegation for eye drops

# 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)(5) Medication schedule checklist;

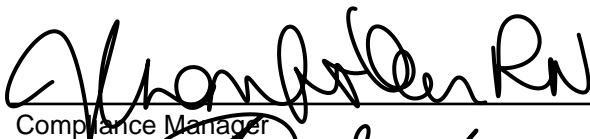
54.(c)(8) Personal inventory.

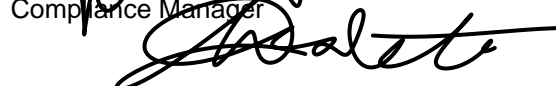
Comment:

54.(c)(2) Service plan for clients #1 and # 2 are not signed by the POA, and have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Client # 1 and 2 have no accurate MAR in the CCFFH. Unable to complete medication reconciliation

54.(c)(8) Personal inventory is missing for client # 1

  
Compliance Manager

  
Primary Care Giver

7/11/22  
Date

7/11/22  
Date

CTA RN Compliance Manager: JACKIE CHAMBERLAIN, RN

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

PCG's Name on CCFFH Certificate: MARIBEL E. BALETE, NA  
(PLEASE PRINT)

CCFFH Address: 94-367 IKEPONO PL, WAIPAHU HI 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?
16.(b)(4)	Video camera was removed from client # 2 room.	7/11/22	Client's POA consent and approval should be present before installing a monitoring camera in his or her room.
16.(b)(5)	Training for HHM 1 and 2 were completed and signed forms were filed in the home binder	7/11/22	Home will create a spreadsheet to check if all required documents for HHM's is present in the home binder.
41.(b)(5) (c)(ii)	TB Screening or exclusion was obtained from HHM1 and 2 and CG# 4 proof of qualifiers was obtained and filed in the home binder.	7/11/22	Home needs to create a spreadsheet on a lap top to monitor that all requirements was filed in the home binder.
43.(c)(3)	RN delegations for Client # 1 was obtained and filed in the home binder.	7/11/22	Home will notify client's CMA that RN delegation needs to be done within 1 day of a caregiver being added to the home.
43.(c)(3)	Client #1 RN delegations was obtained for Nebulizer and MD order for his eye drops and filed in the home binder.	07/11/22	Home needs to notify CMA if there's new medicine and ask for RN delegations for all caregivers. Home needs to create a spreadsheet on a lap top to monitor that all requirements was filed in the home binder.
54.(c)(2)	Signed service plan was obtained and CMA corrected discrepancies and filed in the home binder.	07/11/22	Home needs to verify if service plan was signed by POA upon admission. Home needs to create a spreadsheet on a lap top to monitor that all requirements was filed in the home binder.
54.(c)(5)	Corrected MAR and medication list was obtained and filed in the home binder.	07/11/22	CG#1 will look all 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
54.(c)(8)	Personal inventory for client #1 was done and filed in the home binder	07/11/22	CG# 1 should do the personal inventory upon admission and continue to update each time client has additional belongings. Home needs to create a spreadsheet on a lap top to monitor that all requirements was filed in the home binder.

☒ All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: 8/9/2022

☒ CTA has reviewed all corrected items