

# Foster Family Home - Deficiency Report

Provider ID: 1-150064

Home Name: Wilna Madayag, CNA

Review ID: 1-150064-11

94-110 Kaupu Place

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 8/12/22.

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

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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]'s TB clearance lapsed on [REDACTED] and no current result present in the CCFFH binder.

41.(e)- C [REDACTED] was lacking an approval to provide services for a 3-bed CCFFH.

41.(g)- No Basic Skills Checks were completed for C [REDACTED] and C [REDACTED] in Client [REDACTED]'s 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- CG [REDACTED] worked a total of 7 hours on [REDACTED] 1 per the Sign In/Out Sheet.

## 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 completed RN delegations present for C [REDACTED], C [REDACTED], C [REDACTED], and C [REDACTED] on [REDACTED] [REDACTED] [REDACTED], [REDACTED] [REDACTED] and [REDACTED] medications administration in Client # [REDACTED] chart.

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## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

## (3P) Fire

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

Comment:

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

## Foster Family Home

## Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects was present in Client [REDACTED]'s chart.

## 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] 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 discrepancies were noted for Client [REDACTED]. Client's Medication Administration Record (MAR) in the month of January 2022 did not contain signatures from [REDACTED] thru [REDACTED]. One medication's label and MD's order did not match the MAR.

Mariabel Nakamine, M 7/12/22  
Compliance Manager Date  
WAP Madayag 7/12/22  
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Wilna Madayag

(PLEASE PRINT)

CCFFH Address: 94-110 Kaupu Place 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?
41.b.7	Lapse cannot be corrected. Obtained TB clearance & placed in home binder.	7/18/22	-Home created a printed spreadsheet & placed in front of home binder to keep track of the requirements when it's due to prevent from lapsing.
41.e	CCFFH has applied 3-client [redacted] cg for CG#4. Home will not use CG#4 as [redacted] until approval is on hand.	7/25/22	-Home will double check if a [redacted] cg is approved for 3 client before utilizing as a [redacted] caregiver.
41.g	Contacted CMA RN & conducted Basic skills check for CG#2 and CG#3 & placed in Client#1's chart.	7/14/22	-Home will keep all basics skills check in the client's binder at all times.
3P.b.2 Staff	Home will only use an approved CNA [redacted] cg, if CG1 will be out of the home for more than 5 hours.	7/14/22	CG1 will ensure to have an approved scg to secure home prior to the absence of the [redacted] cg.
43.c.3	Contacted CMA RN & conducted RN delegations for all cgs & placed in the binder.	7/14/22	-Home will keep all RN delegations in client's binder at all times.
3P.b.2	Conducted fire drill at night & placed form in the home binder.	7/24/22	-Fire drills will be conducted at different times of the day.
47.c	Printed medication side effects & placed in Client#1's chart.	7/13/22	-Home will add the side effects to list right away if new medications ordered.
50.a	Cg#4 has been trained for the CCFFH's Emergency Preparedness Plan.	7/22/22	-All [redacted] cgs will be trained for emergency preparedness plan as a part of [redacted] cg hiring process.
54.c.5	Medication discrepancies for Client#1 was updated, reviewed & fixed. Obtained new corrected MAR from CMA.	7/13/22	-Home will sign & document the MAR daily as soon as medications are administered. CG#1 will review MD order, MAR & bottles to ensure it matches before giving meds. Home will notify MD, pharmacy & CMA if they do not match.

☒ All items that were corrected are attached to this POC

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

*W. Madayag*

Date: \_\_\_\_\_

8/2/2022

☒ CTA has reviewed all corrected items