

Foster Family Home - Deficiency Report

Provider ID: 1-140068

Home Name: Beth C. Peralta, CNA

Review ID: 1-140068-12

94-467 Hene Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 7/18/2022

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 Application [11-800-7]

7.(b)(1)(C) Background check documents, as provided in section 11-800-8; and

Comment:

7.(b)(1)(C) CG # [redacted] missing current ecrim

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(4) Staff To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

(3P)(b)(4) Staff CG # [redacted] has not applied to be a SCG for 3 bed. Has 2 bed approval

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No evidence of Fire drills conducted since 2021



Foster Family Home Records [11-800-54]


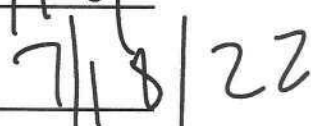
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) Medication discrepancy for client # [redacted] medication prescription label did not match medication administration record and / or the signed MD orders.

Client # [redacted] no signatures on the MAR since [redacted] 6/2022 has some double charted MAR entries for client [redacted]


Compliance Manager

Primary Care Giver


Date

Date

CTA RN Compliance Manager: Jackie Chamberlain/ Terri Van Houten, RN, MSN Ed

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

PCG's Name on CCFFH Certificate: Beth C Peralta CNA
(PLEASE PRINT)

CCFFH Address: 91-467 Hene St 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?
7.(b)(1)(C)	CG# [redacted] provided current ecrim dated [redacted]	7/18/2022	A digital reminder for documents expirations was created on mobile phone as well as list of dates when documents are about to expire to prevent laps of necessary documents.
(3P)(b)(4)	CG# [redacted] was advised to apply for 3 clients. Provided [redacted] CG with forms necessary for the application and will reconsider adding [redacted] CG after approval for 3 client.	7/18/2022	Will collect all current documents and inspect to make sure they are current and in good standing prior to adding as [redacted] CG in the future.
46.(a)	Monthly fire drill was filed and recorded; it was conducted at various times of the day and it also includes smoke detector testing each drill; and an [redacted] CG conducted a drill for at least once every 6 months.	7/18/2022	Will make sure that monthly fire drill are documented and filed and is located in binder as required. A digital reminder was created on mobile so monthly drill is done accordingly.
54.(c)(5)	Client [redacted] medication discrepancy was corrected PCP bridge a Rx till client is seen. Client [redacted] MAR was signed by assigned [redacted] CG on 7/11/22 and made sure that MAR was properly filed and checked for duplicate.	7/20/2022	Will make sure to notify PCP of any medication change from other facilities immediately for continuity of medication and in compliance of care as soon as any order is added or deleted in the future to prevent any discrepancy. Will make sure all [redacted] CG's signs and double check forms every time they assist with client's medication to prevent any medication error and to ensure that medication was given properly at the right time, right client. Will also make sure to provide current and labeled MAR with number on each page to prevent duplication.

All items that were corrected are attached to this POC

PCG's Signature: Bepel

Date: 7/22/2022

CTA has reviewed all corrected items