

Foster Family Home - Deficiency Report

Provider ID: 1-200061

Home Name: Debbie Inay, CNA

Review ID: 1-200061-6

1652 Kalauipo Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 8/31/2022

Foster Family Home	Required Certificate	[11-800-6]
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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 9/30/22.

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#4's APS/CAN/Fingerprinting lapsed on 12/10/21 and no current result present.

Foster Family Home	Information Confidentiality	[11-800-16]
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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)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#4.

Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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| 41.(a)(3) | Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and |
| 41.(b)(4) | Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2). |
| 41.(b)(8) | Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid. |
| 41.(c) | The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home. |
| 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.(a)(3)- No completed Job Experience present for CG#2 and CG#4.
 41.(b)(4)- CG#4 without a completed Substitute Disclosure Form.
 41.(b)(8)- CG#4's blood borne pathogen and infection control training lapsed on 11/10/21 and no current certificate present.
 41.(c)- CG#4 was short of 6 hours of in-service training for the year 2021 and none for 2022.
 41.(g)- No basic skills checklist completed for CG#4 in Client #1's chart.

Foster Family Home	Client Care and Services	[11-800-43]
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| 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. |
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Comment:

- 43.(c)(3)- No RN delegations present for CG#4 in Client #1 and Client #2's charts.

Foster Family Home	Fire Safety	[11-800-46]
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| 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. |
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Comment:

- 46.(a)- No nighttime monthly fire drill was completed for the past 12 months.

Foster Family Home	Medication and Nutrition	[11-800-47]
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| 47.(d) | Use of physical or chemical restraints shall be: |
| 47.(d)(1) | By order of a physician; |
| 47.(e) | The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training. |

Comment:

- 47.(d), (d)(1)- No MD order present for Client #1's bedrails.
 47.(e)- CG#4 without evidence of having had the training for Client #1's nectar thickened liquid consistency.

Foster Family Home - Deficiency Report

Foster Family Home

Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a)- Client #2 was charged for items (referred to client's Personal Expense Record) that CCFFH should have been covered under the room and board fees. Items were toothpaste, toothbrush, deodorant, foods/snacks, etc.

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(c)(1) Env. the room must be at least 60 square feet

(3P)(c)(2) Env. the room must be adequate for socialization and dining by the clients, preferably with the family

(3P)(c)(3) Env. the room must have adequate furnishings, e.g., tables and chairs

Comment:

(3P) (c)(1), (2), (3)- No space for a dining area; no dining table and chairs present.

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)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2)- No Service Plan present in Client #1's chart since admitted to CCFFH on 5/13/22.

54.(c)(5)- Medication discrepancies were noted for Client #1 and Client #2.

Client #1- one daily medication's label didn't match the MD's order and the client's Medication Administration Record (MAR). For the client's August 2022 MAR- there were 3 medications that were last signed on 8/28/22; 3 others were last signed on 8/22/22 and 5 medications were last signed on 8/23/22.

Client #2- Client's MAR was last signed on 8/17/22. One medication was not available.

54.(c)(6)- RN monthly assessment/visit for the months of June 2022 and July 2022 were missing in Client #1's chart.


 Compliance Manager 8/31/22

 Primary Care Giver 8/31/22

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Debbie-Cherelle Inay

(PLEASE PRINT)

CCFFH Address: 1652 Kalauipo Street Pearl City, HI 96782

(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?
8.(a) (1)(2)	Obtained current APS/CAN fingerprint for CG #4. Filed inside the CCFFH binder.	09/13/22	To prevent future lapse, home will utilize a mobile calendar to schedule due dates 2 months prior.
16.(b) (5)	Provided confidentiality policies and procedures and client privacy rights training to CG #4. Agreement form was signed and filed inside the CCFFH binder.	09/01/22	Home will utilize a reminder wall post and update the CCFFH binder as needed and in a timely manner.
41.(a) (3)	Unable to obtain a completed Job Experience form for CG #2. PCG will remove CG #2 from the CCFFH binder. Obtained a completed Job Experience form for CG #4. Forms were signed and filed inside the CCFFH binder.	09/27/22	Home will double check binder/ records and update the CCFFH binder as needed and in a timely manner.

☒ All items that were fixed are attached to this CAP
PCG's Signature: DgDate: 09/27/22
☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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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) (4)	Obtained a completed Substitute Disclosure Form for CG #4. Agreements were signed and filed inside the CCFFH binder.	09/27/22	The CCFFH binder will be updated as needed and in a timely manner by utilizing a reminder wall post.
41.(b) (8)	Obtained Blood borne pathogen and infection control certification for CG #4. Certification filed inside CCFFH binder.	09/29/22	To prevent future lapse, Home will use a mobile calendar to set due dates 2 months before expiration date.
41.(c)	Obtained 6 hours of in-service certification for CG #4 for the year 2021 and 8 hours for the year 2022. Certifications filed inside the CCFFH binder.	09/29/22	Home will use a mobile calendar to set due dates 2 months before expiration date, to prevent future lapse.
41.(g)	Basic checklist for CG #4 signed and filed inside the CCFFH binder.		Home will make sure that caregivers sign the agreements within 7 days after admission.
43.(c) (3)	CG #4 Delegated for Client #1 and Client #2.	09/01/22	Home will make sure that caregivers are delegated and RN delegations are signed.



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PCG's Signature: Debbie InayDate: 09/27/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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CCFFH Address: 1652 Kalauipo Street Pearl City, HI 96782

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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?
46.(a)	CG #4 conducted nighttime fire drill. Form filed inside the CCFFH binder.	08/31/22	Home will utilize a mobile calendar to schedule fire drills.
47.(d) (1)	Obtained MD order for Client #1's bedrails.	09/26/22	Will make sure that MD's orders are signed within 7 days after admission.
47.(e)	Nectar and thickened liquid consistency training provided to CG #4 for Client #1. Form was filed inside the CCFFH binder.	09/07/22	CG #1 will make sure that caregivers are trained and RN delegations are signed within 7 days after admission.
48.(a)	Home refunded client #2, funds were placed inside the PER envelope.	08/31/22	Home will make sure to re-read and implement the HAR.

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(3P)(c) (1),(2), (3)	Rearranged home to provide a dining area. Table and chair present.	09/01/22	Home will make sure to provide an adequate dinning area for clients and their family.
54.(c) (2)	Home requested service plan from RN CMA. Forms are filed inside the CCFFH binder.	09/01/22	Home will make sure that client's service plans are in place within 7 days after admission.
54.(c) (5)	Client #1's family purchased the daily medication 3 mg tab for melatonin. The label matches the MD order and MAR. CG #1 filled out an AE form and faxed to CMA. Client #2's medication was purchased over the counter. CG #1 called physician to have medication labled for Client #2.	09/05/22	CG #1 will verify medications upon admission thoroughly with RN case manager.

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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?
54.(c) (5)	CG #1 went back and initialed the daily MAR. RN Case Manager aware.	09/05/22	As medications are administered, caregivers will initial right away.
54.(c) (6)	Obtained RN monthly assessment/visit for Client #1, for the months of June & July 2022. Forms were placed inside clients binder.	09/01/22	CG #1 will make sure that all RN monthly assessments are filed accordingly inside the CCFFH binder.



All items that were fixed are attached to this CAP

PCG's Signature: Date: 09/27/22

CTA has reviewed all corrected items