

Foster Family Home - Deficiency Report

Provider ID: 1-563222

Home Name: Edward Baniqued, CNA

Review ID: 1-563222-12

91-803 Aiami Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 8/15/2022

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 plan of correction required, due to CTA within 30 days of inspection.

Foster Family Home Physical Environment [11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(3) Access to the common spaces and kitchen was blocked by large suitcases

49.(c)(3) Indoor and outdoor living spaces are cluttered in manner infringing on clients use of space and creating health hazard. This is a repeat citation

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;


Comment:

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


54.(c)(5) Client # 1 has 2 blood pressure medications with hold parameters that were not followed. An AE is required for medication error


54.(c)(5) Client 1 a daily medication has not been documented as given all month



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: EDWARD BANIQUED
(PLEASE PRINT)

CCFFH Address: 91-803 AIA MI PLACE 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?
49.A.3	REMOVED LARGE SUITCASES THAT BLOCKING THE COMMON SPACES GOING TO THE KITCHEN.	8/17/2022	POSTED REMINDER NOTICED IN THE HALLWAY TO REMIND PCG AND FAMILY MEMBERS NOT TO PUT ITEMS IN THE COMMON AREAS.
49.C.3	REMOVED ALL ITEMS NOT NEEDED INSIDE AND OUTSIDE THE HOUSE.	8/17/2022	CARE GIVER DELEGATE HIMSELF AND FAMILY MEMBERS TO TAKE TURNS IN EVERY 3 DAYS TO CLEAN IN AND OUT OF THE HOUSE.
54.C.2	SERVICE PLAN WAS DONE FOR CLIENT #1 AND #2 CMA. IT WAS PLACED ON CLIENT RECORDS,	8/17/2022	HOME WILL NOTIFY CLIENTS CMA THAT SERVICE PLAN NEEDS UPDATED ONE MONTH PRIOR TO EXPIRED.
54.C.5	MEDICATION ERROR AND DISCREPANCY WAS CORRECTED BY CLIENTS CMA AND CARE GIVER ON CLIENT #1	8/17/2022	CARE GIVER WILL LOOK AT ALL MEDICATION ADMINISTRATION RECORDS AND BOTTLES TO ENSURE THEY BOTH MATCH EVERYTIME BEFORE GIVING MEDICATION. HOME WILL NOTIFY IMMEDIATELY CMA, PHARMACY AND DOCTOR IF THEY ARE DIFFERENT.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 8/29/2022

CTA has reviewed all corrected items