

Foster Family Home - Deficiency Report

Provider ID: 1-583238

Home Name: Elizabeth A. Etrata, CNA

Review ID: 1-583238-12

94-706 Kaaoki Place

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 9/15/2022

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 inspection.

Deficiency Report issued during CCFFH visit with plan of correction required, due to CTA within 30 days of inspection.

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

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

41.(b)(5)(C) CG 1 TB screening is not accepted due to white out used on the document at MD signature and date

Foster Family Home Medication and Nutrition [11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

47.(b) client # 1 no delegation found for nasal spray or eye drops

Foster Family Home Records [11-800-54]

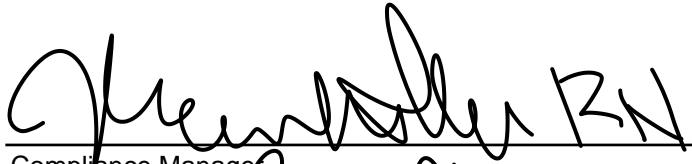
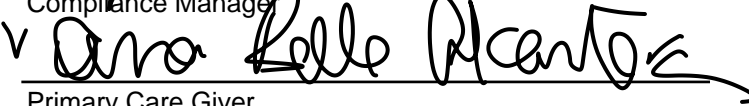
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

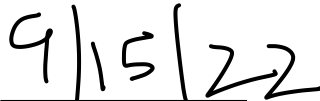
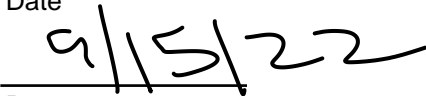
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for clients # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.


Compliance Manager
v 
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: Elizabeth Etrata (PLEASE PRINT)

CCFFH Address: 94-706 Kaaoki 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?
54(C)(2)	CMA Corrected the SP and the corrected SP was placed in client's record binder.	10/03/22	To ensure that any violation will not happen again, caregiver will check to make sure that the SP and MD orders matches. If SP and MD orders doesn't match, caregiver will notify CMA to correct right away to avoid any violation again in the future.
54(C)(5)	CMA corrected the MAR and the corrected MAR was placed in the client's record binder.	10/03/22	Caregiver will make sure to check the MAR and MD order if it's correct. If the MAR and MD order doesn't match, caregiver will notify CMA to correct right away to avoid any violation again in the future.
41(B)(5) (C)	MD corrected the signature and date that was whited out.	10/03/22	Effective immediately, the certified caregiver shall ensure that a TB clearance form is properly signed by the MD before putting the form on file.
47(6) Client #1	RN Delegations was done for all the caregivers.	10/03/22	Primary caregiver shall notify CMA that RN delegation needs to be done as soon as a new medication is perscribed to the client.

All items that were corrected are attached to this POC

PCG's Signature: Elizabeth A. Etrata

Date: 10/5/2022

CTA has reviewed all corrected items