

Foster Family Home - Deficiency Report

Provider ID: 1-210093

Home Name: Lady Anne Tagupa, CNA

Review ID: 1-210093-3

91-1659 Paekii Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 9/26/2022

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 2 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 Medication and Nutrition [11-800-47]

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

47.(d)(3) Client # 2 does not have a signed MD order for diet (diabetic, kidney failure, gout HTN diagnosis)

Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) Client bathroom has had door removed it is not listed in service plan for current clients to have no door with lock at bathroom

Foster Family Home Records [11-800-54]


54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

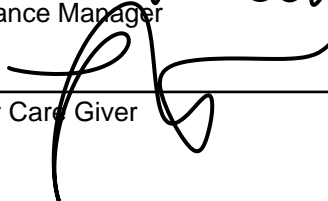
54.(c)(5) Medication schedule checklist;

Comment:

54.(b) white out has been used on medical record documents instead of approved correction of error in entry

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


Compliance Manager


Primary Care Giver

9/26/22
Date

9/26/22
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: Lady Anne Tagupa

(PLEASE PRINT)

CCFFH Address: 91-1659 Paekii St.Ewa Beach Hawaii 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?
47.(d)(3)	Requested MD signature for client #2's diet .	9/30/2022	Verify all diet order upon admission. Will make sure that MD orders are signed within 7 days after admission.
53.(b)(15)	Reinstalled Client Bathroom.	9/27/2022	Will make sure that all patient bathroom and patient rooms has all doors and locks for their privacy.
54.(b)	Unable to correct, Informed Rn Case Management.	9/28/2022	CGs are now educated how importance of not using whiteout on any medical record. Will make sure to crossout and initial corrections.
54.(c)(5)	Caregiver and Rn Case Manager Can verify current medication list from pcp and obtaining md signature stating verification of current medication list.	10/06/22	Will verify current medication list, monthly when RN case manager do monthly home visit,

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 10/06/22

☒ CTA has reviewed all corrected items