

# Foster Family Home - Deficiency Report

Provider ID: 1-587420

Home Name: Lilibeth Quinones, CNA

Review ID: 1-587420-11

91-1152 Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 7/19/2022

## 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 Client Care and Services [11-800-43]

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.

Comment:

43.(c)(3) No RN delegation present for Client # 2 for use of PRN oxygen, when to initiate, how to clean, how to use back up tank etc.

## Foster Family Home Records [11-800-54]

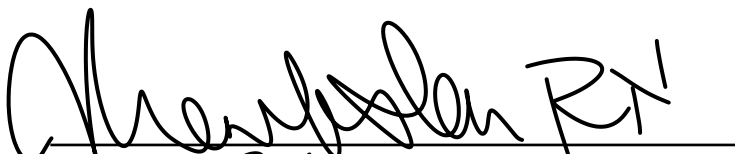
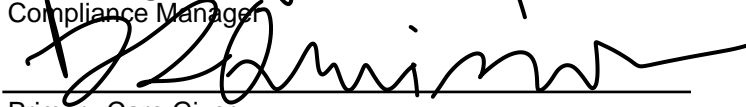
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

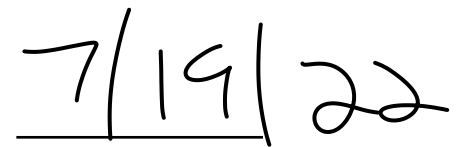
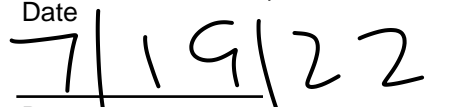
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for clients #1 is outdated

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  
  
Primary Care Giver

  
Date  
  
Date

CTA RN Compliance Manager: Terri Van Hauten, RN

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

PCG's Name on CCFFH Certificate: Lilibeth Quinones

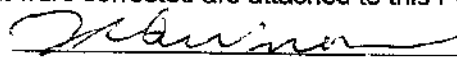
*(PLEASE PRINT)*

CCFFH Address: 91-1152 Kaunolu St 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?
43(c)(3)	CG#1 Communicate/Notify RN casemanager's delegation on how to use PRN oxygen, when to initiate, clean and use back up for client #2. See copy attached	7/20/2022	To prevent this from happening again, I will contact the RN casemanagement and make sure all the caregivers will sign the RN delegation at the same time.
54(c)(2)	CG#1 Notify RN casemanager to update client #1 service plan. See copy attached	7/20/2022	CG#1/ [redacted] will utilize iphone calendar to schedule due dates a month in advance to prevent future lapses.
54(c)(5)	Medication discrepancy was corrected by client's CMA, MD and [redacted] CG on client #1 and client #2 See copy attached	7/19/2022 client #1 7/21/2022 client #2	CG#1/ [redacted] will look at all the medication administration records, medication bottle labels and Doctor's order to make sure they all match everytime before giving the medication

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7/27/2022

CTA has reviewed all corrected items