

Foster Family Home - Deficiency Report

Provider ID: 1-511099

Home Name: Imelda Viernes, CNA

Review ID: 1-511099-12

94-583 Apii Place

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 9/23/2022

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 annual inspection. plan of correction required.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) CG 2 has no current TB clearance. Previous clearance were screening only without proof of qualifications

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

47.(d)(1) By order of a physician;

Comment:



47.(d)(1) Client 2 PCP changed formula 6/2022 of nutritional supplement CCFFH did not DC ensure and start [redacted] or receive a MD Order to delay the change

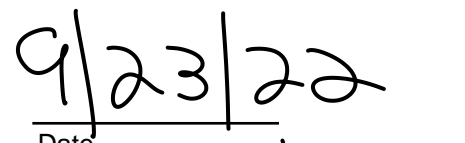
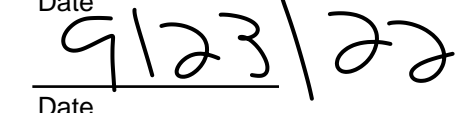
Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice


Compliance Manager

Primary Care Giver


Date

Date

CTA RN Compliance Manager: JACKIE CHAMBELAIN

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

PCG's Name on CCFFH Certificate: IMELDA VIERNES
(PLEASE PRINT)

CCFFH Address: 94-583 APII PLACE, WAIPHAU, 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?
41(f)(1)	PPD was completed and updated to CCFFH administrative binder	09/27/22	PCG will ensure that all caregivers obtain PPD skin test annually and will use the calendar system to keep track of all requirements expiration dates.
47(d)(1)	PCG submitted to CMA for processing of [REDACTED]	09/27/22	PCG will ensure timely submittal upon receipt of all changes made by the MD for the client to be processed
54(c)(2)	PCG discussed with the RN CM the discrepancies in client #1 and client #2 Service Plan	10/21/22	Client #1 - RN CM provided CCFFH with the corrected updated service Plan.
		10/21/22	Client #2 - PCG obtained MD Orders, for Monitoring Device & Side Rails, vitals to be done daily

All items that were fixed are attached to this CAP

PCG's Signature: *Imelda Viernes*

Date: 10/28/22

CTA has reviewed all corrected items