

Foster Family Home - Deficiency Report

Provider ID: 1-636053

Home Name: Roselle Catamping, CNA

Review ID: 1-636053-12

94-1041 Kaaholo Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 10/10/2022

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 Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) CG 3 has a red light with no documentation of exemption

Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4) Emergency Map does not include that there is a second CCFFH in the same property (divided by a door) which may need evacuation at the same time in case of fire or other emergency

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CG 1 has current BBP training certificate, however it was witnessed during the inspection that CG 1 used client 3's blood glucose meter for client 1 without cleaning it in between clients

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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 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice this is repeat citation

54.(c)(5) Client 3 has been administered sliding scale insulin without proof of the blood sugar meeting criteria for the insulin. The meter has no memory of the readings and some days are without BGM readings at all



Compliance Manager



Primary Care Giver

10/10/22

Date

10/10/22

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: Roselle Catamping

(PLEASE PRINT)

CCFFH Address: 94-1041 Kaaholo St. Waipahu, Hawaii 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?
8.(A)(1)	CG#3 Documentation Of Exemption obtain and is awaiting result from the Criminal History Record and Background Check Standards of the DHS and filed on CCFFH Binder. Exemption recieved	10/10/22 11/1/22	The CCFFH will use the checklist for Exemption request as a reminder of the documents submitted. CCFFH will make sure to update and check requirements more often to be able to get all documents to be compliant.
12.(4)	Emergency Map/Fire Evacuation Plan revised Second CCFFH included in the drawing Structure and filed on CCFFH Binder.	10/15/22	CCFFH will assign a Floor Plan Drafter to double check the Fire Evacuation Plan/EMERGENCY MAP to safety protocol.
41.(b)(8)	Client#1 was provided blood glucose meter to use. Sanitised and cleaned before and after using blood glucose meter.	10/10/22	CCFFH will keep in mind the importance of preventing the spread of infection among clients by making sure their gadgets are labeled on their own name and are cleanse and sanitized at all times.
54.(c)(2)	Service Plan were recieved from CMA and updated to the client's chart.	10/13/22	CCFFH will make sure that client's Service Plan REFLECTS MD order and properly followed by CG to ensure safety.

All items that were corrected are attached to this POC

PCG's Signature: _____

Roselle Catamping

Date: _____

10/10/22

CTA has reviewed all corrected items

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: ROSELLE CATAMPING
(PLEASE PRINT)

CCFFH Address: 94-1041 A KAAHOLO ST. 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)(5)	<p>CG purchased a new Glucose Meter Kit and it is calibrated with proper date and time.</p> <p>CG will manually document the blood glucose result in client's Blood Glucose Monitoring Sheet provided by the CMA.</p>	10/11/22	<p>CG shall ensure that the client's blood glucose will be documented to the log as directed by MD.</p> <p>In the future, I will make sure that i write the results of the blood glucose result each time I check and also will always make sure it is sanitize before and after use.</p>

All items that were corrected are attached to this POC

PCG's Signature: *rcatamping*

Date: 10/10/22

CTA has reviewed all corrected items