

Foster Family Home - Deficiency Report

Provider ID: 1-110012

Home Name: Violeta Fiesta, CNA

Review ID: 1-110012-19

91-946 Mailani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/28/2022

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 visit with plan of correction 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 # 1 for sublingual medication, wound care or rectal suppository
Client # 2 delegation missing for blood glucose monitoring or SQ injection
Client # 3 no delegations present for topical medication or inhaler


Foster Family Home Records [11-800-54]

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

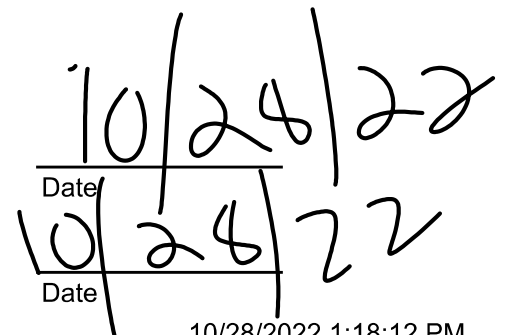
Comment:

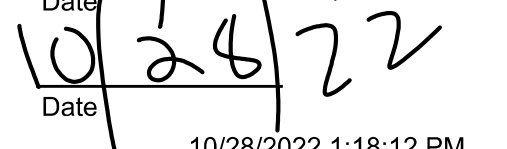
54.(c)(5) Client 2 has 2 BP meds with hold parameters on MAR that are not on the pharmacy label



Compliance Manager


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: VIOLETA FIESTA

(PLEASE PRINT)

CCFFH Address: 91-946 MAILANI STREET 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?
43 (c) (3)	Made sure that the skills have been delegated by the RN. Client #1 Client #2 Client #3	 11/05/22 11/05/22 11/30/22	Always check if the skills and medications has been delegated by the RN. Note on chart to remind the RN if there are skills and medications that haven't been delegated by the RN for patient's safety.
54 (c) (5)	Updated the MAR so it matches the label on the bottle label (pharmacy label).	11/30/22	Always check the physician order to match the MAR and the bottle label. Physician and RN will be informed if they are different.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 11/30/2022

CTA has reviewed all corrected items