

# Foster Family Home - Deficiency Report

**Provider ID:** 1-220017

**Home Name:** Albert Morales, NA

**Review ID:** 1-220017-3

911-A Lalawai Street

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 11/23/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 12/23/22.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(1) Reside in the community care foster family home;

Comment:

41.(a)(1)- No written authorization nor in rental agreement that owner of property gave an authorization for CG#1 to operate a CCFFH.

Foster Family Home	Client Care and Services	[11-800-43]
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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 delegations for CG#1, CG#2, CG#3, and CG#4 in Client #1's chart. Delegation form contained no signatures of each caregiver.

Foster Family Home	Fire Safety	[11-800-46]
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46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No monthly fire drill completed from April 2022 thru October 2022. CG#1, CG#2, CG#3, and CG#4 without evidence of conducting a monthly fire drill.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects present in Client #1's chart.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- during CCFFH inspection of clients' bathroom- strong foul odor was smelled inside and there were pellet size human feces on the shower floor.

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

54.(c)(3) Current copies of the client's physician's orders;

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

Comment:

54.(b)- No signature present for each caregiver entry in Client #1 from 5/6/22 through 11/22/22.

54.(c)(2)- Client #1's Service Plan dated 5/6/22 without the client's POA's signature.

54.(c)(3)- No admission MD order in Client #1's chart. Admission Form was blank. Client was admitted to CCFFH on 5/6/22.

54.(c)(5)- Medication discrepancies were noted for Client #1 and Client #2.

Client #1- one daily lifesaving medication's label didn't match the MD order and the Medication Administration Record (MAR).

Client #2- there were four 8:00am medications on 11/23/22 that were not signed and four 8:00pm medications on 11/22/22 that also were not signed.

*Maribel Nakamine, MS* 11/23/22

Compliance Manager

Date

*Robert P. Monte*

Primary Care Giver

Date

11/23/22

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: ALBERT MORALES

CCFFH Address: 911-A LALAWAI ST. WAKAUA, HI. 96786  
(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(a)1	written authorization in the rental agreement the owner gave an authorization to operate a CCFFH was obtain put in my binder	12/6/22	UPON GIVING THE RENTAL AGREEMENT THE RENTER SHOULD CHECK IF GBT THE AUTHORIZATION TO OPERATE A FOSTER HOME.
43(c)3	RN delegation to CG#1, CG#2, CG#3 and CG#4 was signed and obtained Put in <sup>the</sup> binder of client #1	12/6/22	HOME WILL NOTIFY CLIENT CMA THAT RN DELEGATION NEEDS TO BE DONE WITHIN A WEEK OF A CAREGIVER BEING ADDED TO THE HOME
46(a)2	FIRE DRILL FOR NOV. AND DEC. WAS DONE IT WAS PLACED INTO HOME RECORD. LAPSE CANNOT BE CORRECTED	12/6/22	HOME WILL USE A CALENDAR WHEN THE FIRE DRILL WILL BE GIVEN.

☒ All items that were corrected are attached to this POC

PCG's Signature: Albert Morales

Date: 12/8/22

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: ALBERT MORALES

(PLEASE PRINT)

CCFFH Address: 911-A LALAWAI ST. WAIHAWA HI. 96786

(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?
A7(c)	MEDICATION SIDE EFFECTS WAS OBTAINED. IT WAS PLACED INTO CLIENTS #1 RECORD / BINDER	12/6/22	HOME WILL NOTIFY THE CMA THAT THE SIDE EFFECT OF THE MEDICATION TO BE DONE WHEN THE CLIENTS TO BE ADDED TO THE HOME.
A9(c) 3	CLIENTS BATHROOM WAS CLEANED ALREADY	11/24/22	CG#1 SHOULD CLEAN CLIENT BATHROOM EVERYDAY ESPECIALLY IF ONE OF THE CLIENT HAVING DIARRHEA.
B4(b)	CG#1 SIGNED THE CAREGIVER ENTRY FOR CLIENT #1. LAPSE CANNOT BE CORRECTED	11/24/22	CG#1 ALWAYS REMEMBER WHEN DOING THE CAREGIVER NOTE TO SIGN AT THE END.
54(c) 2	CLIENT #1 SERVICE PLAN SIGNED BY POA ALREADY AND PLACED TO THE CLIENT BINDER		HOME WILL ALWAYS REMEMBER THAT THE POA OF THE CLIENT MUST SIGN THE SERVICE PLAN UPON ADMISSION.

☒ All items that were corrected are attached to this POC

PCG's Signature: Albert P. Morales

Date: 12/8/22

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: ALBERT MORALES

(PLEASE PRINT)

CCFFH Address: 911-A LALAWAI ST. WAIKAWA HI. 96786

(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)3	Admission MD order in client #1 was signed and filling up already.	12/6/22	CG#1 AND THE CMA SHOULD CHECK THIS KIND OF FORM UPON ADMITTING PATIENT
64(c)5 CLIENT#1	MEDICATION DISCREPANCY WAS CORRECTED BY CG#7 AND THE MD DO CLIENTS MEDICATION THE DOCTOR'S ORDER WAS SIGN AND PLACED INTO CLIENTS RECORD	12/6/22	CG#7 WILL LOOK AT ALL THE MEDICATION ADMINISTRATION RECORD AND BOTTLES TO ENSURE THEY BOTH MATCH EVERY TIME BEFORE GIVING MEDICATION
CLIENT#2	CG#1 CORRECTED THE CLIENTS #2 AND IT WAS SIGNED AND PLACED TO CLIENTS BINDER	11/24/22	CG#7 WILL LOOK AT ALL THE MEDICATION ADMINISTRATION RECORD TO BE SIGN UPON GIVING THE MEDICINE.

☒ All items that were corrected are attached to this POC

PCG's Signature: Albert Morales

Date: 12/8/22

☒ CTA has reviewed all corrected items