

Foster Family Home - Deficiency Report

Provider ID: 1-150003

Home Name: Emelita S. Laurente, NA

Review ID: 1-150003-10

1703 Kamehameha IV Road

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 11/4/2022

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 12/4/22.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5)- No Alternate Transportation Plan Form completed/present in the CCFFH binder.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #2's bedroom doorknob without a lock from the inside for client's privacy rights. Under the My Choice My Way, clients' bedroom door should have a proper lock from the inside for clients' to be able to lock for privacy.

Foster Family Home Records [11-800-54]

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(6)- Client #1's Daily Care Flowsheet/Form was not signed from 11/1/22- 11/4/22.



Compliance Manager
Date 11/4/22


Primary Care Giver
Date 11/4/22

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: Emelita Laurente

CCFFH Address: 1703 Kamehameha IV Rd Honolulu, HI 96819

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.b.5	Alternate Transportation Plan Form completed/present in the CCFFH binder	11/04/2022	CG#1 will ensure that Alternative Transportation Plan Form will be completed and updated annually or if there are any updates that will occur within a year. This form will always be present and current in CCFFH binder.
53.b.9	Client #2's bedroom doorknob has been placed with a lock from the inside for client's privacy rights.	11/04/2022	CG#1 will ensure that each client bedroom doorknob will have a lock placed from the inside to ensure clients' privacy rights are protected, which falls under the My Choice My Way policy, which indicates that clients' bedroom door should have a proper lock from the inside for clients' ability to lock for privacy.
54.c.6	Client #1's Daily Care Flowsheet/Form was signed from 11/1/2022 to 11/30/22.	11/30/2022	Client #1's Daily Care Flowsheet/Form was signed on 11/30/22. CG#1 will work to ensure that these forms are signed and completed in a timely manner and must always be present in the client's binder for the most updated and current recording.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 12/02/22

CTA has reviewed all corrected items