

Foster Family Home - Deficiency Report

Provider ID: 4-160092

Home Name: Kathleen Pascua Domingo,
NA

Review ID: 4-160092-9

74 Puukani Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 10/11/2022

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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/11/2022.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - Lapse in second set of fingerprints for CG#4. Fingerprints were due in July 2022 and had not been completed at the time of the inspection

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4) - CG#6 did not have a disclosure form on file.

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) - CCFFH did not have evidence that RN delegations were completed for all CGs. Client #1 - CCFFH did not have evidence of RN delegations for special diet (thickened liquids), subcutaneous injections, and blood sugar monitoring had not been conducted for CG#1, #3, #4 or #6. All other delegations (medication administration) did not have signatures for CG#4 or CG#6. Client #2 - CCFFH did not have evidence that the basic skills checklist had been completed for CG#1, #3 and #4. RN delegations were not signed by CG#4.

Foster Family Home	Fire Safety	[11-800-46]
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46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2) - CCFFH did not have evidence that CG#4 had conducted a fire drill in the last 12 months.

Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

47.(b) - The CCFFH did not have evidence that RN delegations were provided for insulin administration for client #1. Blood sugar results were not being documented or reviewed with the CMA RN.

Foster Family Home

Records

[11-800-54]

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

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;

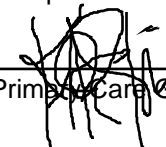
Comment:

54.(c)(3) - Client #1 was admitted to a CCFFH on 5/2022 with an order for blood glucose checks twice daily. In August, the frequency of blood glucose checks was increased to four times a day. The CCFFH did not have an order indicating that the frequency of blood glucose checks was increased.

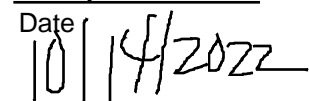
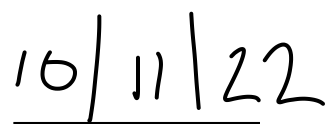
54.(c)(6) - The CCFFH did not have evidence that blood glucose checks were being performed as instructed. Client #1 did not have evidence of documentation of blood glucose results. Insulin order included instructions to hold insulin if result less than 120.



Compliance Manager



Primary Care Giver



Date

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Kathleen Pascua Dominguez

CCFFH Address:

74 Puukani St. Kailua, 96732
(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?
8.9(1)	Lapse Cannot be Corrected	10/15/22	Home will use calendar to post all due date on. APS/CAN will be done at least 2 weeks before due dates to prevent future lapses.
41(b)(4)	Lapse Cannot be Corrected	10/14/22	its been corrected and CG#4 done signed the disclosure form.
43(C)(3)	RN Delegation was done for all CGs. it was placed into the client record.	10/18/22	Home will notify clients CMA that RN delegation needs to be done within 1-2 days of a caregiver being added to the home. Client #2 basic skills had been completed by RN delegations signed
41(b)(2)	Lapse Cannot be corrected	10/14/22	CG #4 been notify to do the fire drill each year.

☒ All items that were fixed are attached to this CAP

PCG's Signature:

[Signature]

Date: 10/18/22

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Terri Van HoutenCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Kathleen Pascua Domingo

(PLEASE PRINT)

CCFFH Address:

74 Puukani St. Kahului, 96732

(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?
47(b)	deficiency cannot be corrected	10/18/22	Client #1 Blood sugar monitoring on MAR. corrective results will be mark on respective action. 7am, 12n, 5pm, 9pm
54(E)3 54(E)6	Medication discrepancy was corrected by clients CMA, M and CG#1 on clients Medications administration Record	10/18/22	CG#1 will look at all the medication and administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify RNCM, pharmacy or doctor if they are different.

☒ All items that were corrected are attached to this POC

PCG's Signature:

[Signature]

Date:

10/18/22☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Kathleen Pascua Domingo

CCFFH Address:

74 Puukani St. Kahului, 96732
(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?
46(b)2	Lapse cannot be corrected	10/14/22	CG#4 been notify to do the fire drill each year. and also use the calendars to reminder
47(b)	discrepancy cannot be corrected	10/18/22	Client #1 blood sugar monitoring on MAR. Corrective results will be mark on respective action. I can use note reminders, admission or new hire check-lists, etc.
54(c)(6)	Medication discrepancy was corrected by clients CMA, MD and CG#1 on clients Medications Administration Record	10/18/22	CG#1 will look at all the medication administration records and bottles to ensure they both match everytime before giving a medication. Home will immediately notify RNCM, Pharmacist or doctor if they are different. I will documenting the blood glucose results on MAR, flow sheet, CG progress notes.

☒ All items that were corrected are attached to this POC

PCG's Signature:

[Signature]

Date:

10/27/22

☒ CTA has reviewed all corrected items