

Foster Family Home - Deficiency Report

Provider ID: 1-220018

Home Name: Leilani Paraan, NA

Review ID: 1-220018-3

91-959 Hanakahi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 11/2/2022

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) CCFFH inspection made for a 2 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	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:

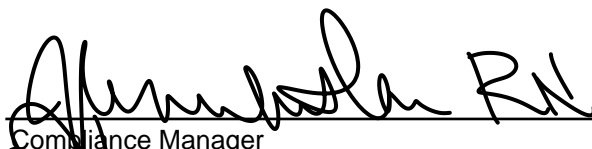
43.(c)(3) No RN delegation present for Client # 1 for IV PICC line antibiotics or topical powder

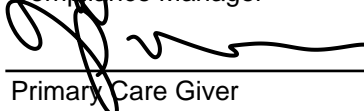
Foster Family Home	Records	[11-800-54]
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54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice


Compliance Manager


Primary Care Giver

11/2/22
Date

11/2/22
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: Leilani C. Paraan

(PLEASE PRINT)

CCFFH Address: 91-959 Hanakahi St. ewa Beach Hawaii

(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	RN from [REDACTED] provided the delegation for I.V. PICC line antibiotics.	Nov. 8, 2022	Home should check the client's binder and remind the case manager to delegate every new medication.
54(c)(2)	Client- 1 Home was able to obtain a new MD order from client -1 PCP for her nutritional supplement. An update on the service plan from [REDACTED]	Nov. 10, 2022	Home should check the personal binder to update all documents that includes transportation plan, TB test for children, updated ID"s and all other documents necessarily for both [REDACTED] CG . Check MD orders and follow service plan in actual practice in regular basis.
	Client- 2 Home was able to request MD order for her Bed half side rail.	Nov. 11, 2022	
	Home was able to provide current transportation plan.	Nov. 12, 2022	

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Leilani C. Paraan

Date: 11/20/2022

☒ CTA has reviewed all corrected items