

# Foster Family Home - Deficiency Report

Provider ID: 1-220002

Home Name: Maggie Margaret Marquez,  
CNA

1860 Kamehameha IV Road

Honolulu

HI

96819

Review ID: 1-220002-3

Reviewer: Maribel Nakamine

Begin Date: 11/7/2022

## 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 12/7/22.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(a)(1)- no authorization present in rental agreement from landlord to CG#1 to use property as a CCFFH.

41.(b)(8)- No Basic First Aid certification present for CG#2.

41.(f)(1)- HHM#2's TB clearance lapsed on 9/23/22 and no current result present.

## 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 delegations present on Wound Care and Foley Catheter care for CG#1, CG#2, and CG#3 in Client #1's chart.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- No training on pureed/nectar liquid consistency present in Client #1's chart for CG#1, CG#2, and CG#3.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 and CG#3 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan training.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]


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

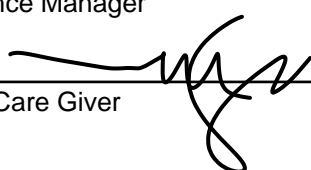
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- Client #2's Service Plan lapsed on 9/23/22 and no current Service Plan present.

54.(c)(5)- one of client's scheduled medication was signed ahead of time- 11/7/22 at 8:00pm contained a caregiver's initial.

  
Compliance Manager

  
Primary Care Giver

Date 11/7/22

Date 11/7/22

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: MAGGIE MARGARET MARQUEZ  
(PLEASE PRINT)

CCFFH Address: 1860 KAMEHAMEHA IV RD. HONOLULU HAWAII 96819  
(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	Authorization letter from the landlord was made for CG#1 to use property as a CCFFH	11/14/22	We should always obtain written letter instead of just a verbal agreement.
41.b.8	Adult First Aid/CPR was obtain for CG#2	11/08/22	We have to make sure that all the requirements we have on file is correct and it is updated. We will use a wall calendar
41.f.1	HHM#2 TB clearance was obtained and its all current.	11/16/22	We will use a wall calendar to put all due dates on all necessary documents that we needed to run CCFFH. Documents should be updated at least 2 weeks before its due date to prevent future lapses
43.c.3	RN delegations for wound care and foley catheter care was issued by CM to CG#1, CG#2, CG#3 in clients #1's	11/08/22	CG's and CMA needs to communicate and double checks all RN deligations for all patients if needed to prevent corrections in the future. Deligations must be updated as soon as a new CG is added to the CCFFH.
47.e	Training was done by CM on pureed/nectar liquid consistency for Client #1 for all CG's	11/08/22	We will make sure all the necessary training is done as soon as possible. CM also need to communicate to the CG's for all the trainings that need to be done.

☒ All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: 11/20/2022

☒ 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: MAGGIE MARGARET MARQUEZ

(PLEASE PRINT)

CCFFH Address: 1860 KAMEHAMEHA IV RD. HONOLULU HAWAII 96819

(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?
50.a	CG1 trained CG#2 and CG#3 with the CCFFH's Emergency Preparedness Plan.	11/10/22	Training should be taken once a month to be sure that all CG's know what to do in case of emergency
54.c.2	Service plan that lapsed on 9/23/22 for client #2 is corrected and its already on file.	11/10/22	We will use calendar to log in all necessary documents thats needs to be updated before the due dates to prevent future lapses. Service plan are also need to be updated every 6 months.
54.c.5	Scheduled medications must only be signed after giving the medication to clients.	11/07/22	CG's must take extra care to this matter. Sign the med log sheet only after giving the medicine to the clients and after seeing them swallow it.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 11/20/2022

☒ CTA has reviewed all corrected items