

# Foster Family Home - Deficiency Report

Provider ID: 1-120077

Home Name: Myrna Andres, CNA

Review ID: 1-120077-16

91-1054 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 11/16/2022

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) No proof of CG 2 having a negative chest xray

## 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.

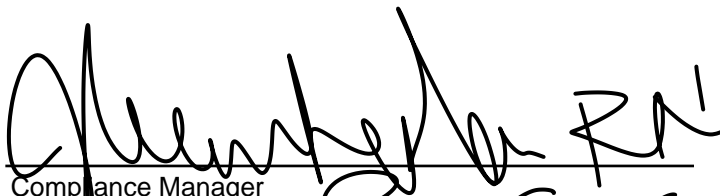

43.(c)(5)(A) Appropriate, safe techniques, and infection control procedures; and

Comment:

43.(c)(3) No RN delegation present for Client # 1 for inhaler or foley catheter

Client # 2: No delegations for CG 6 for insulin, blood glucose monitoring, eye drops

43.(c)(5)(A) Client # 2 has documentation for daily weights, however, the scale is set at "10 pounds" starting weight making the weights inaccurate. When scale corrected, client was unable to balance using the walker on the CCFFH provided scale which has a small platform

  
Compliance Manager  
  
Primary Care Giver

11/16/22  
Date  
11/16/22  
Date

CTA RN Compliance Manager: Jackie Chamberlain

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

PCG's Name on CCFFH Certificate: Myrna J. Andres

(PLEASE PRINT)

CCFFH Address: 91-1054 Kauiki Street Ewa Beach, Hawaii 96706

(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-b-5-c-11	Notify caregiver #2 to forward the proof of chest xray for our record.	11/23/22	To remind the cg#2 every time she do on annual tb clearance, to make sure the proof of chest xray will attached to the tb clearance. I will us a note reminder
43-c-3-A	Notify the caregiver A to attend a class for safety procedure and techniques, and infection control, to avoid deficiency.	11/23/22 11/30/22	To make sure I will remind the CM RN to evaluate and teach us the proper way to provide a safe techniques and infection control to all client. I will us a note reminder
43-c-3	To notify the CM RN both client # 1 and client # 2 to do RN deligation to all the caregiver in the foster home.	11/18/22	To remind the CM RN to do a RN deligation if there is any changes to the client. To provide a safe procedure and prevent medication errors and patience injuries. I will us a note reminder
43-c-5-A	Take the client # 2 to the primary pcp, to notify client changes of condition, due to have a severe dimentia and prior strokes is not safe to do weighting daily.	12/1/22	To ensure weighting daily is important, however, its more safe to the client to take monthly check up to the primary doctor for the client safety. I will us a note reminder

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/5/2022

☒ CTA has reviewed all corrected items