

Foster Family Home - Deficiency Report

Provider ID: 1-512451

Home Name: Nikk Rumbaoa, CNA

Review ID: 1-512451-12

91-1511 Maipuhi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/21/2022

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 3 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	Personnel and Staffing	[11-800-41]
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41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CG 1 and 3 No evidence of current CPR, First aid or blood born pathogen certification

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 suppository

Foster Family Home	Fire Safety	[11-800-46]
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46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No evidence of Fire drills conducted since 2021

Foster Family Home	Physical Environment	[11-800-49]
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49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Patient room, bathroom and kitchen have brown dirt areas which wipes off on clorox wipe as a oily brown substance, especially at high touch surfaces such as closet doors, light switches and kitchen drawers and cabinets
49.(c)(3)Client 2 bedroom has a strong odor of urine, body odor and appears to not have had a deep clean recently including unemptied trash, dirt debris on the floor and brown areas on the wall

Foster Family Home - Deficiency Report

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(b)(4) Env. the room allow space for clients and wheelchairs to move easily

Comment:

(3P)(b)(4) Env. There is a sliding pocket door at the hallway entering the "clients side" which was closed at the time of inspection. This prevents clients from access to rooms other than bedroom and 1 bathroom. The sliding door has a pill hole present which could be used as a lock preventing all client access from the other side.

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:

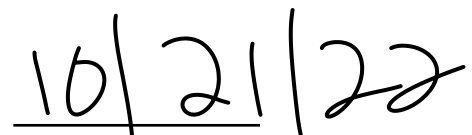
54.(c)(2) Service plan for client #1 is outdated last 7/2021. Client 2 does not have dialysis center or wound clinic listed as service providers

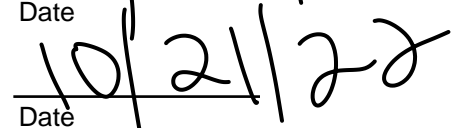
54.(c)(5) Client 1 has no MAR entry since 10/18/22. Client 2 does not have MAR entry since Sept 2022

54.(c)(5) Client 1 Brio inhaler is ordered daily no documentation it has been given in October


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: NIKK T. RUMBACA

(PLEASE PRINT)

CCFFH Address: 91-1511 MAIPUHI ST EWA BEACH HI 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)(8)	SINCE CG 1 AND CG 3 HAD ATTENDED THE IN-SERVICE FOR BLOOD BORNE PATHOGEN WHEN IT WAS GIVEN, PCG REQUESTED A COPY OF CERTIFICATE THAT HAS A PRINTED NAME OF CG 1 AND CG 3 IN PLACE OF THE CERTIFICATE THAT DOES NOT HAVE NAME PRINTED.	11/4/22	CG MUST MAKE SURE TO FILE DOCUMENTS PROPERLY IN THE DESIGNATED FOLDER AS SOON AS DOCUMENTS ARE RECEIVED. FILES/FOLDERS MUST HAVE ALL REQUIRED DOCUMENTS AS IT IS REQUIRED IN HAR 41.(b)(8)
41(b)(8)	CG 1 AND CG 3 ATTENDED A CPR AND A FIRST AID CLASS WHICH WAS CONDUCTED BY A CERTIFIED CPR & FIRST AID INSTRUCTOR.	11/8/22	CG WILL USE A CALENDAR OR/AND A SMART PHONE TO INPUT REMINDERS TO PREVENT FUTURE LAPSE
43(c)(3)	RN, CM PROVIDED THE WRITTEN RN DELEGATION AND ALSO INSTRUCTED US CG TO USE THE SKILLS NECESSARY TO MAINTAIN CLEANLINESS AND TO AVOID CONTAMINATION.	11/20/22	CG WILL WORK CLOSELY WITH CM/RN TO SEE TO IT THAT RN DELEGATION AND OTHER DOCS NEEDED ARE UPDATED AND CURRENT

☒ All items that were corrected are attached to this POCPCG's Signature: [Signature]Date: 11/20/22☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HOUTEN

②

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

PCG's Name on CCFFH Certificate: NIKK T. RUMBADA

(PLEASE PRINT)

CCFFH Address: 91-1911 MAIPUHI ST EWA BEACH HI 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?
46(a)	FIRE DRILL LAPSE CAN NOT BE CORRECTED	11/5/22	WE WILL MAKE SURE TO CONDUCT MONTHLY FIRE DRILL. WE WILL UTILIZE A REMINDER SYSTEM SUCH AS MARKED CALENDAR OR/AND ELECTRONIC DEVICE LIKE SMART PHONE TO REMIND US MONTHLY. FIRE DRILL CONDUCTED MUST BE DOCUMENTED AND BE FILED IN A FOLDER FOR RECORD KEEPING
49(c)(3)	A DEEP CLEANING ON BOTH CLIENTS ROOMS WAS DONE RIGHT AFTER CTA INSPECTOR LEFT. CONCENTRATION OF CLEANING ON THE MENTIONED AREAS. MAINTENANCE HAS BEEN DONE REGULARLY BY DISINFECTING HIGH TOUCH SPOTS TWICE A DAY OR AS OFTEN AS NEEDED	10/21/22	A REGULAR CLEANING, ORGANIZING, DISINFECTING OF ROOMS, IS A MUST. USE SOLUTION OR MIXTURE OF WATER AND CHLOROX WITH THE RATIO OF 10:1 IS MOST PREFERRED

☒ All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 11/20/22

☒ 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:

NIKK T. RUMBACA

(PLEASE PRINT)

CCFFH Address:

91-1511 MAIPUHI ST EWA BEACH HI 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?
(3P)(b) (4)	SLIDING DOOR HAS BEEN LEFT OPEN AT ALL TIMES AND THE PILL HOLE HAS BEEN FILLED AND PLUGGED WITH A PERMANENT GLUE SO THAT THERE WILL BE NO POSSIBILITY OF LOCKING THE SLIDING DOOR.	10/21/22	THE SLIDING DOOR ON THE HALLWAY THAT LEADS TO BOTH AREAS OF THE RESIDENCE HAS BEEN ALWAYS LEFT OPEN OPEN. IT MUST ALWAYS BE OPEN TO COMPLY WITH (3P)(b)(4).
54.(c) (2)	CG CONTACTED CM/RN TO PROVIDE CURRENT SERVICE PLAN FOR CLIENT #1.	11/20/22	CG WILL MAKE A HABIT OF CHECKING REQUIRED DOCS THAT HAS TO BE IN THE CLIENTS FILES AND HAS TO BE UPDATED BY USING CALENDAR OR SMART PHONE TO INPUT REMINDERS TO PREVENT FUTURE Lapse OR MISSING REQUIRED DOCS.
54.(c) (2)	CM/RN UPDATED SERVICE PLAN OF CLIENT #2 AND ADDED DIALYSIS CNTR AND WOUND CLINIC AS PART OF SERVICE PROVIDERS ON THE LIST.	11/20/22	CM/RN RESPONSIBILITY

☒ All items that were corrected are attached to this POCPCG's Signature: 

Date:

11/20/22☒ 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

④

PCG's Name on CCFFH Certificate: NIKK T. RUMBADA

(PLEASE PRINT)

CCFFH Address: 91-1511 MAIPUHI ST EWA BEACH HI 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?
5A.(c) (5)	LAPSE CAN NOT BE CORRECTED	10/22/22	MAR HAS TO BE FILLED OUT AS MEDS HAS BEEN GIVEN ON THAT DAY. WHEN MED IS GIVEN ON AM, MAR HAS TO BE FILLED OUT AND IF MEDS IS GIVEN TO PATIENT ON PM, MAR HAS TO BE FILLED OUT TOO ON THAT SAME TIME. IT IS A MUST FOR THE PCG TO FOLLOW THE RULES ON MAR 5A.(c) (5)

☒ All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 11/20/22

☒ CTA has reviewed all corrected items