

Foster Family Home - Deficiency Report

Provider ID: 1-510174

Home Name: Pat Tangonan, CNA

Review ID: 1-510174-12

94-571-A Ana Aina Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/26/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 11/26/22.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No basic skills check completed for CG#4 in Client #1's chart.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- No Sign In/Out completed for the year 2022; CG#1 was not home on 10/23/22(first visit by CTA), there was no entry completed on that date.

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 delegations completed for CG#4 in Client #1's chart.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No monthly fire drill completed for the month of September 2022.

Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- Client #2 with a lifesaving medication missed doses from 10/24/22, 10/25/22, and 10/26/22. Per CG#1, medication was not available since 10/23/22.

47.(c)- No list of medications' side effects was present in Client #1's chart.

Foster Family Home

Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(b)- No Adverse Event was completed for Client #2's missed doses of a lifesaving medication.

50.(e), (e)(1)- CG#2, who was substituting for CG#1, did not know where clients' charts and CCFFH's binder/chart were located. CTA was told to wait for 30 minutes until CG#1 returned to CCFFH.

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;

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)(2)- Client #1's Service Plan expired on 12/28/21 and no current document was present in client's chart.

54.(c)(5)- Medication discrepancies were noted for Client #1, Client #2, and Client #3.

Client #1- Medication administration Record (MAR) was last signed on 10/18/22.

Client #2- MAR was last signed on 10/17/22.

Client #3- MAR was last signed on 10/7/22.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed on 10/20/22.

Maribel Nakamine, RN 10/26/22
Compliance Manager
Pat Tangonan
Primary Care Giver
10/26/22
Date

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:

Pat Tangonan

CCFFH Address:

94-571 Ana Aina Place (PLEASE PRINT)
Waipahu, HI 96797

(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?
6.(d)(1)	A written plan of correction has been completed to satisfy the Deficiency Report issued during an unannounced recertification inspection conducted on 10/26/22.	10/26/22 11/26/22	All CG's have assisted and reviewed each deficiency noted. CG's will comply with all applicable requirements to meet [REDACTED] standards on a daily basis.
41.(g)	CG #4 has completed a basic skills check, available in the chart of Client #1. D	10/30/22	CG #4 (and all Caregivers) will continue to be assessed for competency in basic CG skills and specific skills to perform tasks according to each client's Service Plan. Documents of training/skill competency of all caregivers are kept in the records of the client's, case managers and caregiver w/ the current Service Plan.
(3P)(b)(7)	Sign IN/OUT completed for 2022 (including the date of first CTA visit 10/23/22) available for review upon inspection.	10/30/22	All caregivers will sign in and out daily, for each client. Caregivers will bring it to the attention of CG1 or CG that may have missed an entry on any given day/time, for immediate correction and reminder.

☒ All Items that were corrected are attached to this POC

PCG's Signature:

Pat Tangonan

Date: 11/23/22

☒ 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:

Pat Tangonan

CCFFH Address:

94-571 Ana Aina Place Waipahu, HI 96797

(PLEASE PRINT)

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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)	CG #4 has been delegated. Delegation is available and placed in the chart pertaining to client #1.	11/27/22	Delegations of all caregivers will be performed at the time of admission, updated as needed and available for review in the records of the client, case manager and caregiver.
(3p)(b)(1)	Documentation of monthly fire drill in the month of September 2022 (and all other months) have been completed.	10/30/22	Fire drills will be scheduled & performed tentatively for the 1st of each month or at least before the last day of each month regularly. Documentation will noted on the day, upon completion
47(e)	Medication prescription submitted to pharmacy. Medication out of stock prescription to be filled by another out-of-state pharmacy. Last update 2wks ship out expected. Current list of medication side affect has been made placed in chart of client #1.	10/30/22	clients medications will be re-filled prior to consumption of last dose. PCP and CM will be notified w/in 24hrs of an occurrence. be transferred to pharmacy with available stock and expedited pick-up or delivery to ensure client does not miss doses of life saving medications.

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PCG's Signature:

Pat Tangonan

Date: 11/23/22

☒ 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:

Pat Tangonan

CCFFH Address:

94-571 Ana Aina Place (PLEASE PRINT)
Waipahu, HI 96797

(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(b)	AE completed for client #2 for missed doses of medications has been completed and faxed to case management forward to [REDACTED] and UH.		Adverse events will be reported upon incidents notably worthy in a timely manner, by fax to case management.
50(e), 1	CG #2 knows where the charts for all clients are located. Last known placement of any chart will be communicated between CG's for all clients.	10/26/22	Charts for clients are stored in livingroom cabinet when not in use for charting daily CG's will also agree on secured regular place for charts.
54(c)(2)	Current SP 06/10/22 for client #1 is present in clients chart. Next SP due in December 2022.	10/31/22	Service Plans will be placed in client chart upon 6 mo. update once received from RN or CFI. Will call to request copy if not received.
54(c)(5)	Updated, signed MAR(s) for clients 1, 2 & 3 have been placed in charts respectively. (10/11/22 - 10/31/22)	10/26/22 10/31/22	MAR entries will be initialed by CG daily and signed monthly by RN, for all clients in each chart respectively.
54(c)(6)	ADL/Daily Care flowsheet is complete and signed daily, available in chart of client #1.	10/26/22 10/30/22	ADL/Daily Care flowsheet(s) will be checked by [REDACTED] all CG(s) daily, if missed entry or signature is not made, immediate reminder will be made to or by individual CG necessary.

☒ All items that were corrected are attached to this POC

PCG's Signature:

Pat Tangonan

Date: 11/23/22

☒ CTA has reviewed all corrected items