

Foster Family Home - Deficiency Report

Provider ID: 1-220038

Home Name: Zianne Mianca Soria, NA

Review ID: 1-220038-3

86-904 Iniki Place

Reviewer: Jackie Chamberlain

Waianae

HI 96792

Begin Date: 2/21/2023

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 Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4) CCFFH is using unapproved rooms as clients bedroom. CG 1 is sleeping in the room labeled "office" on evacuation plan requiring client 1 to pass through the sleeping space of CG 1 to enter the common room.

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 delegation present for Client # 1 and 2 for caregiver 2 and # 3

43.(c)(3) Client 1 has no RN delegations for any CG for BGM, CPAP, inhaler, colostomy, use of fungal cream

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:

50.(e)(3) Service site visits to interview clients and to observe personnel and sub-contractors providing services; and

Comment:

50.(a) internal emergency map is inaccurate for client and HHM bedrooms

50.(e)(3) There was no house number on mailbox or house to identify the CCFFH address for personnel, visitors or EMS

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)(3) Current copies of the client's physician's orders;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(7) Expenditure records; and

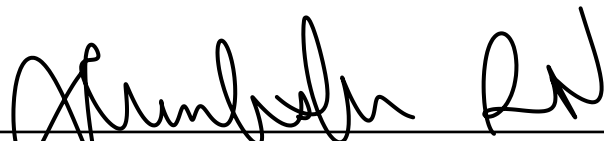
Comment:

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

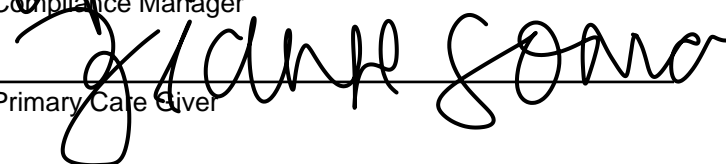
54.(c)(3) Client # 1 has a signed MD order for three times daily blood glucose monitoring. The machine memory varies from the written log for results including not being tested three times per day as ordered

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.


54.(c)(7) Client # 2 - there is no record of expenditures



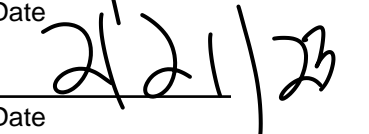
Compliance Manager



Primary Care Giver



Date



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: Zianne Mianca Soria

(PLEASE PRINT)

CCFFH Address: 86-904 Iniki Pl. Waianae, HI, 96792

(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?
12.(4)	CG and Client will move to an approved CCFFH with adequate number of bedrooms by the end of march.	03/30/2023	CG will make sure to provide adequate bedrooms for both caregivers, and client.
43.(c)(3)	CG, and Caregivers 2 and 3 received all delegations needed for client 1 and 2 on 03/17/2023 from RN. Including BGM, CPAP, Inhaler, Colostomy, and use of fungal cream.	03/17/2023	Home will notify client's CMA that RN delegation needs to be done to caregivers after client is added to the home.
50.(a)	Correct Internal emergency map is made on 02/24/2023	02/24/2023	Home will review carefully that the internal emergency map layout is accurate at all times.
50.(e)(3)	House number on the mailbox was placed on 02/24/2023		Home will check that mailbox, or house has address sign visible at all times.
54.(c)(2)	Client #1 service plan is revised by CMA to fit MD's order and CCFFH's practice. Client #2 service plan Cannot be resolved. CMA advised CG for Client #2's service plan that all discrepancies was marked not started so no changes needs to be done.	03/17/2023	Home will inform CMA for any changes in clients care, or MD's order so CMA can update care plan at all times.

All items that were corrected are attached to this POC

PCG's Signature: Zianne Soria

Date: 03/20/2023

CTA has reviewed all corrected items

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: Zianne Mianca Soria
(PLEASE PRINT)

CCFFH Address: 86-904 Iniki Pl. Waianae, Hi, 96792
(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?
54.(c)(3)	CG is checking Client #1's Glucose monitor twice a day now as MD's order.	03/08/2023	Home will set reminder/checklist to keep track of times CG will need to check clients Blood Glucose monitor.
54.(c)(5)	Client #1 and #2's Medication discrepancy was corrected by clients CMA, and CG on clients medications administration record.	03/06/2023 03/01/2023	CG will look at all medication administration records and bottles to ensure they both match at all times. home will immediately notify CMA, Pharmacy, and doctor for any discrepancies.
54.(c)(7)	Expenditure records was created on 02/26/2023 for client #2	02/26/2023	CG will make sure to update Client #2's expenditure records monthly. Home will set reminder/checklist

All items that were corrected are attached to this POC

PCG's Signature: Zianne Soria

Date: 03/20/2023

CTA has reviewed all corrected items