

# Foster Family Home - Deficiency Report

**Provider ID:** 1-560187

**Home Name:** Dolores Guiao, CNA

**Review ID:** 1-560187-11

91-1050 Kaimalie Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 2/8/2023

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	Information Confidentiality	[11-800-16]
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16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4) There were video cameras in Client # 3 bedroom. There were no consent forms for use of video surveillance equipment. Use of video is a violation of client privacy without written consent.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) CG 4 and HHM 3 do not have documentation of current clearance

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: none documented since 4/2022

Foster Family Home	Physical Environment	[11-800-49]
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49.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

Comment:

49.(d)(1) Client 2 has a closet full of stored office and household items, impeding on the useful space of an already small sleeping quarters for the client

49.(d)(1) Client # 3 - there is no closet in the client sleeping quarters

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c)(1) Client's vital information;

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:


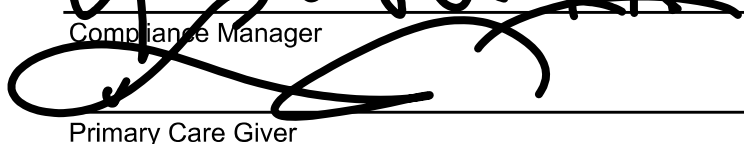
54.(c)(3) Client # 3 has a order for twice daily blood glucose monitoring which there is no proof of being performed by CCFFH except twice per week

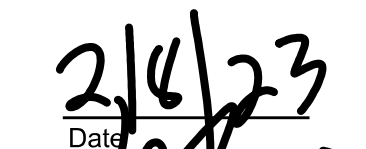
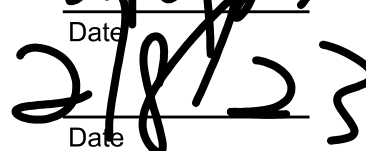
54.(c)(7) No expenditure records for client # 2 since 4/22

54.(b)(1) Surveyor did not receive client binders to review until 45 minutes after requesting several times

54.(c)(5) Client 1 2 and 3 do not have any documentation of medication administration for all of February 2023

54.(c)(5) Medication discrepancy for client # 3 medication prescription label did not match medication administration record and / or the signed MD orders.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date

CTA RN Compliance Manager: Jackie Chamberlain RN/Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Dolores Guiao

(PLEASE PRINT)

CCFFH Address: 91-1050 Kaimalie 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?
16 (b)(4)	Video camera removed from client #3 bedroom	2/12/23	I will place a reminder note on my phone or a post-it note on the privacy policy and procedure part of the chart to remind me to read and review once a month and not use anything like cameras without permission.
41 (b)(5) (ii) CG4 and HHM 3	CG4 and HHM3-Tuberculosis clearance completed	2/12/23 2/12/23	I will place an alarm on my phone calendar for 2 weeks before each family member and substitute caregiver's documents are about to expire to remind me to be able to do it on time.
(3p)(b)(1)	Monthly fire drill conducted	2/12/23	I will set an alarm on my phone calendar to remind me of a scheduled monthly fire drill.
49(d)(1)- Client 2	Stored office and household items removed from the closet	2/12/23	I will set an alarm on my phone calendar to remind me to read house rules every month to prevent any violations in the future.
49(d)(1)- Client 3	Wardrobe cabinet placed in client sleeping quarters.	2/12/23	I will set an alarm on my phone calendar to remind to read the patient's rights once a month to prevent any violations in the future. A closet was provided for Client #3.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 3/2/23

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Jackie Chamberlain RN/Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Dolores Guiao

(PLEASE PRINT)

CCFFH Address: 91-1050 Kaimalie 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?
54 (c)(3)	Order was reviewed and conducted Glucose checks two times a week as ordered.  Called the doctor's office for clarification of the glucose check per nurse said, "the doctor will make a correction order on the day of client appointment on 3/2/2023."	2/12/23	I will place a post-it note reminder on the tabs for any order that needs verification to remind me to call MD ASAP to fix any discrepancies.
54 c(7)	Client #2 handles her allowances	2/12/23	I will place a signed letter of financial agreement for client #2 in her binder.
54 c(5)	Lapse in having current documentation of client administration of clients 1, 2, & 3 cannot be corrected. MAR updated starting 2/8/23.	2/12/23	I will have a post-it note on each client's binder on the MAR tabs reminding me to sign immediately as I give medication.
54 (b)(1)	Can no longer be corrected-will be more prepared next time	2/12/23	I will place a reminder in my phone calendar to remind me every day to check and update my charts to be always accurate and timely.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 3/2/23

☒ CTA has reviewed all corrected items