

Foster Family Home - Deficiency Report

Provider ID: 1-190017

Home Name: Gloria Zafaralla, CNA

Review ID: 1-190017-5

3554 Likini Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 1/23/2023

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

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

Comment:

6.d.1- Unannounced home visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 1/23/23).

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No evidence that HHM#2 and HHM#3 were trained with the CCFFH's confidentiality policies and procedures and client privacy rights.

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

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 checks present in record for CG#2, CG#3, CG#4, CG#5, and CG#6 in Client #1's chart.

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 delegations present in Client #1's chart for CG#2, CG#3, CG#4, CG#5, and CG#6.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#4 and CG#6 did not have evidence of conducting a monthly fire drill.

Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

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:

Comment:

50.(e)- The CCFFH had a gate outside restricting access to the front door that did not have a form of communication which inhibited the announcement of a visitor's arrival to the facility.

Foster Family Home

Records

[11-800-54]

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)(5)- Client #1 and Client #2's Medication Administration Records(MAR) were last signed on 1/17/23.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was not documented daily. Sheet not completed from 1/18/23 to 1/22/23.

Mariel Nakamine, RN 1/23/23
Compliance Manager Date
Shamar Zafarulla 1/23/23
Primary Care Giver 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: Gloria Zafaralla

(PLEASE PRINT)

CCFFH Address: 3554 Likini street Honolulu Hawaii 96818

(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)(5)	CG#1 Provided the confidentiality policies and privacy rights training to HHM #2 and HHM#3.Signed documents was filed in the CCFFH Binder.	2/21/2023	CG#1 will provide the training when hiring new caregivers and new Household members within 7-10 days.
41.(g)	CG#2,CG#3,CG#4,CG#5 and CG#6 provided the basic skills training for Client #1.Signed documents was filed in the Client#1's chart.	1/25/2023 1/29/2023 2/1/2023	██████████ ██████████ caregivers shall be assessed by the department for competency in basic caregivers skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan.The documentation of training of all caregivers shall be kept in the client's,case manager's and caregiver's records with the current service plan.
43.(c)(3)	RN delegations was provided in Client's #1's chart for CG#2,CG#3,CG#4,CG#5 and CG#6.	1/25/2023 1/29/2023 2/1/2023	RN case manager will delegate client care and services to all the new caregivers and new household members.
46.(b)(2)	CG#4 and CG# 6 was trained to implement the emergency procedures in the event of a fire.Signed documents in conducting a monthly fire drill was filed in the CCFFH Binder.	1/25/2023 2/4/2023	All caregivers must be trained to implement appropriate emergency procedures in the event of a fire.Monthly fire drill must be conducted.

All items that were corrected are attached to this POC

PCG's Signature: Gloria P. Zafaralla

Date: 2/22/23

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-300**

PCG's Name on CCFFH Certificate: Gloria Zafaralla

(PLEASE PRINT)

CCFFH Address: 3554 Likini street Honolulu Hawaii 96818

(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.(e)	CG#1 provided a door bell outside and it was installed. The door bell was located on the right side of the gate closed to the mailbox.	1/24/2023	CCFFH must installed a door bell outside of the gate in order to have an easy communication with the department and the visitor's arrival to the facility.
54.(c)(5)	CG#1 was signing the Client#1 and Client #2 's Medication Administration Records (MAR) daily after giving them the medicine for daily documentation.	1/24/2023	CG#1 will provide the daily signing to Client #1 and Client #2's (MAR) after giving the medicine and CG#1 will provide a clipboard for each client for easy access to the records.
54.(c)(6)	CG#1 signed the ADLs/Daily Care Flowsheet and filed in the client #1's binder.	1/24/2023	CG#1 will provide the daily documentation of the services through personal care, monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or the provision of services to the client.

All items that were corrected are attached to this POC

PCG's Signature: *Gloria Zafaralla*

Date: 2/22/23

CTA has reviewed all corrected items