Foster Family Home - Deficiency Report

Provider ID:	**1-626202**		
Home Name:	**Jaculino Delos Santos, CNA**	**Review ID:**	**1-626202-13**
1115 Kukila Place		Reviewer:	Maribel Nakamine
Honolulu HI 96818		Begin Date:	1/12/2023

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 to a 2-bed CCFFH recertification inspection.

Deficiency Report issued during CCFFH inspection with a written Plan of Correction due to CTA within 30 days (issued on 1/12/23).

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)- Basic Skill Checks did not have the CMA RN's signature for CG#1, CG#2, and CG#3 in Client #1's chart.

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

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.

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

Comment:

46.(a), (b)(2)- Last fire drill on record was documented on 2/4/22. CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home — Physical Environment — [11-800-49]

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e)- The CCFFH did not have evidence of a policy regarding smoking on the property.

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:

Comment:

50.(a)- CG#3 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home - Deficiency Report

Foster Family Home	Client Rights	[11-800-53]

53.(b)(15)	Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15)- No visitation policy was present.

Foster Family Home	Records	[11-800-54]

54.(b)	The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
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;
54.(c)(8)	Personal inventory.

Comment:

54.(b)- No signatures were present for Client #1's observation/progress notes from 4/20/22- 11/23/22.
54.(c)(2)- Client #1's Service Plan dated 9/13/22 did not contain the client/POA's signature.
54.(c)(5)- one medication was not signed from 1/10/23-1/11/23 (administration times of 1:00pm, 5:00pm, and 9:00pm) in Client #1's Medication Administration Record (MAR).
54.(c)(6)- Client #1 did not have evidence of the monthly RN Visit/Summary for the months of 4/2022, 5/2022, 10/2022, and 11/2022.
54.(c)(8)- Client #1 did not have evidence that a personal inventory was initiated/maintained.

Maikel Nakamine, RN 1/12/23

Compliance Manager — Date

1/12/23

Primary Care Giver — Date

CTA RN Compliance Manager: Maribel Nakemine

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

PCG's Name on CCFFH Certificate: Jaculino T. Delos santos
(PLEASE PRINT)

CCFFH Address: 1115 Kukila Place HON. HI. 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?
41(9).	K updated caregiver 1 and caregive 2 and 3 Basic skills and specific skill areas	1-27-23	Set reminder for all caregiver 1-2-3 Basic skills on my iphone
46(a)	All caregivers Fire drill was not put in the binder it was taken out by mistake.	1-27-23	Always be aware to put in proper binder set reminder to my iphone.
46(b)(2)	All caregivers are train and keep in the foder in case.of emergency or fire	1-14–23	I will make sure all caregiver get the proper training.
49(e)	Policies are inside transparent sleeves and sign	1-14-23	I will make sure all sign are visible to our eyes.
50(a)	Caregiver #3 was newly added as of January 2023 with previous [redacted] approvals	1-14-23	I will make sure all documents are keep on the binder.
53(b)(15)	Visitation was together with the admissin policy	1-14-23	I will make sure to be visible for inspection.
54(b)	Miss signing and already discuss with my RN support. Advice to sign the 2 missed time. Not to do nexttime	1-14-23	I will make sure not to happen again. Will sign after every progress note
54(c)(2)	It was sign in two separate service plan.	1-14-23	I will make sure I have to explain to [redacted]RN and show the 2 forms sign.
54(c)(5)	Medication was given and informed my support RN. Advice me that we should be careful.	1-14-23	I wil make sure check always and sign madication administered.

☑ All items that were corrected are attached to this POC

PCG's Signature: Jaulino T. Delos santos Date: 2/22/23

☑ CTA has reviewed all corrected items

101821 S. Young

CTA RN Compliance Manager: Maribel Nakemine

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-600

PCG's Name on CCFFH Certificate: Jaculino T. Delos santos
(PLEASE PRINT)

CCFFH Address: 1115 Kukila Pl. 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?
54(c)(6)	Client #1 had evidence of monthly RN visitation and kep on his binder It was not seen prior visitation of [redacted] RN.	1-14-23	I will make sure always visible at all times.
54(c)(8)	Client #1evidence of personal inventory was keep at the last page of his folder mix with xtra forms.	1-14-23	I will make always visible when time for checking his belonging by [redacted] RN.

☑ All items that were corrected are attached to this POC

PCG's Signature: [signature] Date: 2-22-23

☑ CTA has reviewed all corrected items

101821 S. Young