

Foster Family Home - Deficiency Report

Provider ID: 1-589856

Home Name: Jeanne Reutirez, CNA

Review ID: 1-589856-15

94-747 Makou Place

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 1/10/2023

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 3 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) "bedroom 4" (per emergency map) was added through a sliding glass door from CG 1 bedroom (shard with 2 children). Bedroom 4 does not have a closet and has a full size mattress stored upright at the sliding glass door.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(i) The primary caregiver shall notify the department of any dependent household members or changes in household composition.

Comment:

41.(f)(1) HHM 1 and 2 do not have documentation of TB clearance

41.(i) CG 1 disclosure form is outdated for current HHM

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 # 2 for use and precautions of oxygen, suction or suppository

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.

Comment:

46.(a) Unannounced Fire Drill document is present but not completed for the last 12 months

Foster Family Home - Deficiency Report

Foster Family Home

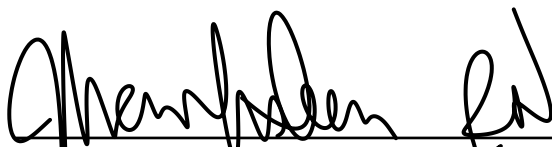
Records

[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)(8) Personal inventory.

Comment:

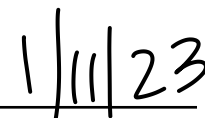
- 54.(b) white out has been used on several medical record documents instead of approved correction of error in entry
- 54.(c)(2) Service plan for clients #1 # 2 and 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice
- 54.(c)(8) Client 1 and 3 do not have a personal inventory



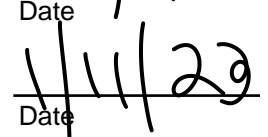
Compliance Manager



Primary Care Giver



Date



Date

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

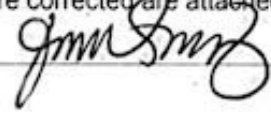
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: JEANNE REUTIREZ

CCFFH Address: 94-747 MAKOU PLACE WAIPAHU HAWAII 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?
12(4)	Stored items on bedroom 4 has been removed and handymen has been contacted,will provide a closet as soon as possible.	2/1-2/10 2023	Home contacted handy man to put or build closet for Client ,will start on 2/5/23.Storing items that doesn't belong to client's room is not always allowed.
41(f)(1)	HHM #1 and #2 PPD was obtained and it was placed on CG binder.	1/12/23	Home will obtain copy of PPD for HHM #1 and #2 from their MD and put it on CG binder.
41(i)	Disclosure form is updated and done and it was already placed on CG binder.	1/11/23	Home will check and update disclosure form on binder everytime there's changes in the home.
43(c)(3)	RN delegation for hoyer lift,suction, and O2 machine was done for client #2 by the client's CMA and it was already placed on the client's record	1/12/23	Home will notify client CMA that RN delegation needs to be done right away once there is new order to client and when new caregiver is added to the home.
46(a)	Lapsed cannot be corrected but CG will make sure that the home will conduct,document and maintain records on fire drills monthly testing of smoke detectors. Resumed fire drill on 1/12/23	1/12/23	Home will schedule the monthly fire drill and make sure all CG participates.Home will always use wall calendar to remind CG and CG's on when and who will conduct the fire drill each month

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 2/1/23

CTA has reviewed all corrected items

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

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

PCG's Name on CCFFH Certificate: JEANNE REUTIREZ
(PLEASE PRINT)

CCFFH Address: 94-747 MAKOU PLACE WAIPAHU HAWAII 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?
54(b)	I will be more careful and mindful when charting client's binder. White out will not be used in correcting errors on every charting for client's medical records.	1/12/23	Home will not use white out in correcting client's medical records and will initial each time there's an error .
54(c)(2)	Service plan on client #1 #2 #3 discrepancies was done . Notified and corrected by client's CMA and it was already placed on each client's record	1/12/23	Home will review MD order and compare on the service plan ,CG will make sure that client chart is open and beyond reach to read to ensure client #1 #2 #3 safety.
54(c) (8)	Personal belonging list on client #1 and #3 were done and was placed on their binder.	1/11/23	Client personal belonging list will be on file each admission . Will be on their binder at all times.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 2/1/23

CTA has reviewed all corrected items