

Foster Family Home - Deficiency Report

Provider ID: 1-130017

Home Name: Jenifer Delos Trinos, CNA

Review ID: 1-130017-14

37 Hauola Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 3/7/2023

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 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 3/7/23).

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- HHM#3's APS/CAN/Fingerprint result lapsed on 6/1/22 and no current result was present. CG#2, CG#3, and HHM#1's Ecrims lapsed on 4/29/22 and were all completed on 3/4/23.

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

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

Comment:

41.(f)(1)- No TB clearance result was present for HHM#3.

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#2 was unable to perform the CCFFH's smoke detector testing during CCFFH inspection (CG#1 was not present in the CCFFH).

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects were present in Client #1's chart nor the CCFFH binder.

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)- CCFFH without a form of communication at the front door which inhibited the announcement of a visitor's arrival to the facility.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b)- No fiscal records present for 2022.

Foster Family Home

Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

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.(a)(3)- The CCFFH did not have a list of applicable community resources.

54.(c)(5)- Client #1's Medication Administration Record (MAR) was last signed on 3/2/23.

54.(c)(6)- No ADL/Client Daily Care Flowsheet was present for the months of February 2023 and March 2023. January flowsheet was last signed on 1/4/23.

54.(c)(6)- No RN visit summary was present for the month of January 2023.

54.(c)(8)- Client #1 did not have evidence that a personal inventory log has been initiated and or maintained.

Maibelle Makamine, L 3/7/23
Compliance Manager Date
Joyza Bantista 3/7/23
Primary Care Giver Date
SLB

CTA RN Compliance Manager:

Makibel Nakamin

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate:

Jenifer B. Delos Trinos

CCFFH Address:

37 Hauola Avenue Wahiawa HI 96786
(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?
8.a.1 8.a.1	Both lapse cannot be corrected on APS/CAN Fingerprint HAM#3 Ecrims CG#2 CG#3 & HAM#1	schedule for Finge print 4/6/23 3/4/23	APS/CAN/Fingerprint be taken one month early before its lapse, written reminder on calendar to avoid lapses. Even Ecrims to make a reminder on my phone & calendar to prevent for future lapses.
41.(F)(1)	TB test clearance obtained for HAM#3 it was placed into home record.	4/5/23	Home will use calendar to identify requirements that are due in two months to renew yearly TB tests
46.(b)(2)	CG#2 show & teach her again on how to perform smoke detector testing	3/7/23	Home will make sure that all of us know how to perform for smoke detector.

All items that were fixed are attached to this CAP

PCG's Signature:

Jdelos

Date:

4/5/23

CTA has reviewed all corrected items

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate:

Jenifer B Delos Trinos

CCFFH Address:

37 Hauola Ave Wahiawa HI 96786
(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)	Home installed door bell by the front gate	3/10/23	-checked frequently for continuous working of the door bell that near stalled.
52.(b)	Home fill-up & attached to Home book	3/12/23	Home - Always checked to fill-up for the expenses for the home @ the end of the year.
54.(a)(3)	list of community resources obtained and placed on CCFFH binder	3/14/23	- keep community resource book in CCFFH binder and check for any changes & updates regularly
54.(c)(3)	Medication list signed for client #1 interviewed to sign & fixed	3/14/23	- To always follow the 5 rights of medication administration. Right patient, right drug, right dose, right time, right route, right reason & right documentation

All items that were fixed are attached to this CAP

PCG's Signature:

J. Delos Trinos

Date: 4/9/23

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maib-el Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Jenifer B. DeLoe Trinos

CCFFH Address: 37 Hauola Ave (PLEASE PRINT)
Wahiawa HI 96786 (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)(4)	ADL's daily flow sheet in client #1 completed & placed in client's binder	3/14/23	Documents daily on client chart.
54.(c)(4)	RN visit summary for January was ²⁰²³ found on binder	3/8/23	check CCFFH binder every time RN visit & ensure that the summary is on the right place.
54.(c)(8)	Client #1 Personal Inventory completed & placed on client chart.	3/8/23	Inventory client's must done upon admission.
47.(c)	Medication list for client #1 completed & attached to client binder	3/10/23	Maintained list & add right away if any new medication ordered.

All items that were fixed are attached to this CAP

PCG's Signature: J. Trinos

Date: 4/7/23

CTA has reviewed all corrected items