

Foster Family Home - Deficiency Report

Provider ID: 1-100052

Home Name: Jocelyn Alcaraz, CNA

Review ID: 1-100052-12

91-1124 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/6/2023

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	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) HHM 2,3,4,5,6 have not completed any background checks

8.(a)(1) CG 4 has no proof of current APS CAN

Foster Family Home	Reporting Changes	[11-800-12]
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12.(4) In the household composition or structure of the home; and

Comment:

12.(4) CCFFH disclosure is outdated

Foster Family Home	Information Confidentiality	[11-800-16]
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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 proof of confidentiality training for 5 new adult HHM

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) 6 new HHM do not have proof of TB clearance

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

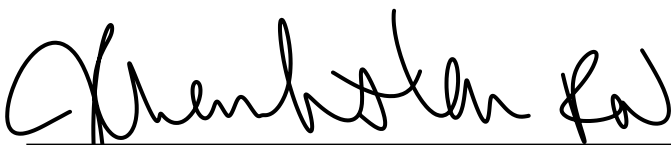
54.(c)(1) Client's vital information;

54.(c)(5) Medication schedule checklist;

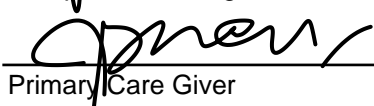
Comment:

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.

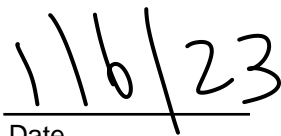
54.(c)(5) Client # 1 MAR and vital sign documentation for a heart medication was not signed for January. Unable to determine if the BP met parameters to hold medication



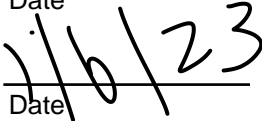
Compliance Manager



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: JOCelyn ALCAZAR

(PLEASE PRINT)

CCFFH Address: 91-1124 Kauliki St. Ewa Beach, Hawaii 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?
8.(a)(1)	Background checks for new HHM 2, 3, 4, 5, 6 has been completed. Forms were placed in the binder.	1/19/23 1/24/23	Home understands that every new HHM should have background checks before moving into the home. Home will use a notebook to write down all requirements.
8.(c)(1)	CG # 4 APS/CAN was obtained and put in the binder.	1/13/23	In the future, CG # 1 will file immediately the forms in the binder, so that it will not be misplaced.
12.(4)	CCFFH disclosure form was updated and placed in the binder.	1/6/23	CG # 1 will ensure to update disclosure when there's new members moving in or out. Home will use notebook to write down all requirements.
16.(b)(2)	Confidentiality training for new HHM 2, 3, 4, 5, 6 has been done. Forms were filed in the binder.	1/13/23	CG # 1 will ensure to train adult HHM for confidentiality as soon as they move in. Home will use notebook to write down all the requirements.
41.(F)(1)	TB test has been done for 6 new HHM and forms placed in the binder.	1/13/23	In the future, CG # 1 will ensure to have new adult HHM to get TB test done before moving into the home. Home will use notebook →

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 1/26/23☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Send to Terri Van Houten RN / Jackie Chamberlain RNCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-300

PCG's Name on CCFFH Certificate: JOCELYN ALCHRAZCCFFH Address: 91-1124 Kauliki 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)(5)	Medication discrepancy for client #1 has been corrected by MD, CHA and CG #1.	1/9/23	to write down all the requirements. CG #1 will ensure all medications orders, labels, bottles and MAR to ensure all match before giving any medication. Home will notify MD, CHA and Pharmacy if they are different.
54.(c)(5)	Vital signs for client #1 has been documented into client's chart. MAR was signed by CG #1. Parameter for BP was clarified and obtained from MD.	1/9/23	CG #1 will ensure to document client Vital signs after taken and sign MAR immediately. CG #1 will clarify with MD if there's a BP parameter to be followed or obtain an order if needed.

☒ All items that were corrected are attached to this POCPCG's Signature: Jackie ChamberlainDate: 1/26/23☒ CTA has reviewed all corrected items