

# Foster Family Home - Deficiency Report

Provider ID: 1-180094

Home Name: Joy Calma, CNA

Review ID: 1-180094-9

94-734 Kaiao Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 12/12/2022

## 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 annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction required, due to CTA within 30 days of inspection

## 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)CG 2 and HHM 4 has no proof for qualifying for screening only  
HHM 5 (minor) has no TB clearance

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

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

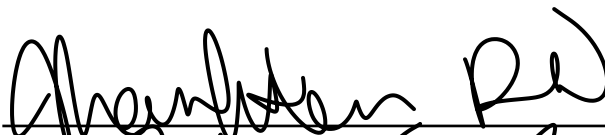
53.(b)(7)order for side rails for client # 1 bur client only has 1/2 side rail as she gets up independently


## Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)Client 1 has an sodium medication order with unclear order for when to give 1 or 2 grams

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

12/12/22  
Date

12/12/22  
Date

CTA RN Compliance Manager: 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: JOY R. CALMA

(PLEASE PRINT)

CCFFH Address: 94-734 Kaiako Street Waipahu HI 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?   |
|-------------|---|-------------------------------|---|
| 41(CF)(1)   | 2022 TB clearance was obtained for CG#2. Provided signed documents and informed [REDACTED] that HHM#1 [REDACTED] years old and HHM#2 [REDACTED] years old does not have PT contact or shave pt care area <sup>air</sup> space, it was placed into home records. | 12/12/22                      | Home will use a spreadsheet to identify when requirements are due to prevent them from expiring.  |
| 53 (B)(E)   | Had Doctor's signed order for 1/2 side rail up as client gets up independently.   | 12/15/22                      | Home will use checklist to identify when requirements are due and complete.   |
| 54(C)(5)    | Medication discrepancy was corrected by clients CMA, MD, and CG#1 on clients medication Administration Records.   | 12/15/22                      | CG#1 will look at all the medications Administration records and bottles to ensure they both match every time before giving medications. Home will immediately notify CMA Pharmacy and/or doctor if they are different. |

 All items that were corrected are attached to this POCPCG's Signature: Joy CalmaDate: 12/27/2022 CTA has reviewed all corrected items