

# Foster Family Home - Deficiency Report

Provider ID: 4-559825

Home Name: Khonnie Villanueva, CNA

Review ID: 4-559825-3

98 Kealahilani Street

Reviewer: Terri Van Houten

Kahului

HI 96732

Begin Date: 4/19/2023

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 5/19/2023.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8) - CG#3 and CG#6 did not have evidence that they have completed first aid training.

41.(c) - CG#3, #4, #5, and #6 did not have evidence of completion of 8 hours of inservice training done within the last 12 months.

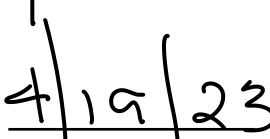
## Foster Family Home Records [11-800-54]


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

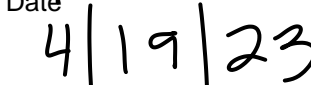
Comment:

54.(c)(5) - Client #1 had a discrepancy noted between MAR, physician order and prescription bottle label.

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

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Khonnie B. Villanueva  
(PLEASE PRINT)

CCFFH Address: 98 Kealohilani St. Kahului HI 96732  
(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. b 8	CG#3 and CG#6 enrolled and completed the training class for First Aid CPR AED program. Certificate was placed into home record.	4/21/2023	Home will read and review all the documents needed to be done and noted on the reminder notebook.
41. c	CG#3,CG#5 and CG#6 attended the 8 hours inservice class needed. Certificates of completion was placed into home record.	04/27-28/2023	Home will read and review all the documents needed to be done and noted on the reminder notebook.
41. c	CG#4 already had the 8 hours inservice class. Certificates were placed into home record.	06/17/21 and 09/20 to 10/20/22	Home will read and be organized with the certificates.
54. c 5	Medication discrepancy was corrected by client's CMA, MD(verified) and CG#1 on client's Medication Administration Record	4/19/2023	CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy and/or doctor if they are different.

All items that were corrected are attached to this POC

PCG's Signature: Khonnie B. Villanueva

Date: 05/04/2023

CTA has reviewed all corrected items