

Foster Family Home - Deficiency Report

Provider ID: 1-190061

Home Name: Leonida Calixto, CNA

Review ID: 1-190061-8

3608 Salt Lake Blvd.

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 1/20/2023

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 home visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection(date of issuance: 1/20/23).

CG requests to increase from a 2-bed to a 3-bed CCFFH.

Foster Family Home Information Confidentiality [11-800-16]

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 that training on confidentiality policies and procedures and client privacy rights was provided to CG#2.

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No CMA RN signature was present for CG#2's basic skills checks in Client #1's chart or in CCFFH binder.

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)- No nighttime fire drill was conducted for the past 12 months.

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 was present in Client #1's chart.

Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

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.(a)- No evidence that CG#2 was trained in the CCFFH's Emergency Preparedness Plan.

50.(e)- Front door of CCFFH did not have a form of communication which inhibited the announcement of a visitor's arrival to the facility.

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)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

Comment:

54.(b)- No signatures present after each dated entries of Client #1's observation/progress notes/documentations from 5/20/22- 1/19/23.

54.(c)(5)- Medication discrepancy was noted for Client #1. One medication scheduled for twice a day was not discontinued in the client's Medication Administration Record(MAR). One medication scheduled once a day which Client #1 did not have available, CG#1 admitted to using Client #2's bottle/supply of that same medication.

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

Margaret Nakamine, RN 1/20/23

Compliance Manager

Date

Christine Canto

Primary Care Giver

Date

1/20/23

CTA RN Compliance Manager: MARIBEL NAKA MINE, RN.

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

PCG's Name on CCFFH Certificate: LEONIDA C. CALIXTO
(PLEASE PRINT)

CCFFH Address: 3608 Salt Lake Blvd. HONOLULU, HI. 96818
(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? |
|------------------------|--|--|--|
| 16(B)(5) 41.(G) | <p>10X First Aid/CPR/AED and CG#2 policies and procedures and clients privacy was provided. Trained using the CTA confidentiality form.</p> <p>Documentation of skills competency of all caregivers provided and kept current records with the current service plan.</p> <p>CG#2. Signed basic skills with the presence of CMA, RN</p> | <p>1/25/23</p> <p>2/10/23</p> <p>1/27/23</p> | <p>I set the reminder for 1 month prior to expiration. I have placed the expiration dates for TB test, APS/CAN, CPR and Blood borne Pathogen for CG#2 Doctors Co-Signed TB Test. - 2/10/23</p> <p>All documentation of skills done. RN signed put back on my binder.</p> |
| 46a.(A) | <p>Fire drills done with CG#2</p> | <p>1/25/23</p> | <p>set & schedule fire drill Jan. 25/23 at 7:00pm.</p> |
| 47.(c) | <p>Medication profile side effects for client #1 been provided and set it in my binder.</p> | <p>1/27/23</p> | <p>Set an appointment with client physician, updated all medications so with the med side effects</p> |

All items that were corrected are attached to this POC

PCG's Signature: Leonida C. Calixto

Date: 02-14-2023

CTA has reviewed all corrected items

CTA RN Compliance Manager:

MARIBEL NAKAMINE, RN.

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

PCG's Name on CCFFH Certificate:

LEONIDA C. CALIXTO

(PLEASE PRINT)

CCFFH Address:

3608 Salt Lake Blvd. HONOLULU, HI. 96818

(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.(a) | CG # 2 was trained emergency preparedness plan | 1/25/23 | Advised the CG's and did H.Well. All caregiver have to be trained emergency preparedness plan |
| 50.(E.) | Doorbell installed. | 1/26/23 at 5:00 pm | Doorbell tested weekly. |
| 54.(b) | Signd every progress notes DONE. | 1/21/23 | All observation on each day for all SCG, to sign. So with |
| 54.(c)(5) | Medication need to be refill and can not use same medication to other client. | 1/21/23 | Against policy to borrow same medicine to other client. Need reminder for refill. Provide 2 separate boxes with name of 2 clients |
| 54.(c)(8) | Personal Inventory DON. | 1/21/23 | Personal inventory placed on my binder... personal inventory have to pile on the day of admission |

All items that were corrected are attached to this POC

PCG's Signature:

Leonida C. Calixto

Date: 02-14-2023

CTA has reviewed all corrected items