Foster Family Home - Deficiency Report

Provider ID: 1-595457

Home Name: Mari Cris Rodriguez, CNA Review ID: 1-595457-12

91-1003 Opaehuna Street Reviewer: Jackie Chamberlain

Ewa Beach HI 96706 Begin Date: 1/18/2023

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

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

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) CG 5 TB clearance was signed by a LPN which does not meet DOH criteria

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

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) Contract for client 1 has statements limiting client rights including visiting hours state limited, limits on TV and radio time. Per "My choice my way" these cannot be restricted.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

Comment:

54.(c)(2) Service plan for client #1 does not include the home health provider for the foley catheter

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

Compliance Manage

rimaly Care Giver

Date 116 23

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Community Care Foster Family Home (CCFFH) Written Plan of Correction (POC)

Chapter 11-800

| PCG's Nam | e on CCFFH Certificate: Mara C | reis j | Rodnguez |
|-----------|--|---------------------|--|
| CCFFH Add | 191-1003 Opaehun | | EPRINT) EWA Beach HI 9670 EPRINT) |
| Rule | Corrective Action Taken – How violation? | Date each was fixed | Prevention Strategy – How will you again in the future? |
| 41(b)(s) | Obtain new TB clearant for CB #5 Signed by a provider. It was Placed into the home binder. | 1 | In the future, Home will make sure to obtain TB elearance for all caregivers and family members sign by a provider that is approved by DOH. |
| | New admission copy with 24/7 trisitation including clients right was already updated, signed and place infortune binder. | \$ | Home understands that per methorice, my way." The visiting hours us e4/7 and Amy use of TV, radios ctc. us unlimited. Family members, clients was given a new copyaligned. |

| All items t | that were corrected are attached to this POC | | |
|------------------|--|-------|----------|
| PCG's Signature: | | Date: | 01/30/23 |

X CTA has reviewed all corrected items

Community Care Foster Family Home (CCFFH) Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: MOTGICH'S RODRIQUEZ

CCFFH Address: 91-1003 Opaehuna 97. Fwa B2

| - | | | |
|----------------|--|-------------------------------------|--|
| 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·2 | Notified client's cma and took a copy of a Service plan of clien #1. It was placed into the client's binder. | 01/30/25 4 | Home will notify comp that needs to be review with the caregiver and Signed. Updated service Plan should always b in the binder. |
| | Notified Compand and care provider to update the medication order including dos and frequency. Add placed in client's #1 binder. New order with updated close and frequency was also placed in client's #1 kinder. | e 01/30/23 | Home will make sure to review all medications and oloctor's order with the cMA before giving it to the client. Home will make sure that the medication order and medication labe, including close and frequent will match. |

| All items | that | were | corrected | are | attached | to this | POC |
|-----------|------|------|-----------|-----|----------|---------|-----|
| Signature | | | | | A. M | | |

Date: 01/30/23

X CTA has reviewed all corrected items