

Foster Family Home - Deficiency Report

Provider ID: 1-527252

Home Name: Marietta Faustorilla, CNA

Review ID: 1-527252-11

94-921 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 12/7/2022

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 1/7/2023.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#3's APS/CAN/Fingerprinting result lapsed on 2/13/22 and no current result was present.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 6/1/22; CG#4's lapsed on 2/2/22; CG#5's lapsed on 6/1/22. All were without their current TB clearances.

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:

Comment:

50.(a)- CG#2, CG#3, CG#4, and CG#5 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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)- Client #2's Service Plan dated 6/30/22 without the Client/POA's signature.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- one daily scheduled medication's label did not match the client's Medication Administration Record (MAR) and MD's order.

Client #2- all scheduled medications for 8:00pm today (12/7/22) were all signed ahead of scheduled time.

Maribel Nakamine, R

Compliance Manager

12/7/22

Date

M. Faustorilla

Primary Care Giver

12/7/22

Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Marietta V. Faustopilla

CCFFH Address: 94-921 Kulaulua St. 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?
8(a)(1) (5)	Lapsed cannot be corrected or go back to 2021	12/20/22	I make a list on the expiration dates for all items APS/CHS/fingerprint each caregiver and placed in front of my CCFFH binder
11.6(1)	TB clearance for CG #1 CG #4, CG #5 done and put in Home binder	12/22/22	To prevent from all the lapsed I will make a list and put clip board on in my CCFFH binder.
50(a)	I will conduct and train all CG's how to perform in case of emergency and to evacuate the client.	12/16/22	I will make sure that all CG's sign the Preparedness Plan and put them in the CCFFH binder

☒ All items that were corrected are attached to this POC

PCG's Signature: M. Faustopilla

Date: 12/31/22

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Marietta V. Faustorilla
(PLEASE PRINT)
CCFFH Address: 44-921 Kuhaulua St. Waiipahua, 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?
54(c)(2)	Notify the CMA RN to update the Service Plan every six months and review.	12/1/22	I will make sure that the service plan updated by the CMA and sign by POC in order not happen again
54(c)(6)	Client HLM medication discrepancy was corrected by client CMA, MD by administration record.	12/1/22	client #1 check the medication administration records and bottles make sure match everything before giving medication notify CMA, MD pharmacy if not match.
54(c)(5)	not to sign the medication advance time, give the medication what time indicated in the medication of client	12/1/22	client medication will be sign after administering the medication

☒ All items that were corrected are attached to this POC

PCG's Signature: M. Faustorilla

Date: 12/31/22

☒ CTA has reviewed all corrected items