

Foster Family Home - Deficiency Report

Provider ID: 1-120076

Home Name: Mary Cachola, CNA

Review ID: 1-120076-13

94-745 Kime Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/20/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

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

Foster Family Home	Client Care and Services	[11-800-43]
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43.(c)(4) Include the provision of personal care, homemaker, and respite services as appropriate;

43.(c)(5)(A) Appropriate, safe techniques, and infection control procedures; and

Comment:

43.(c)(4) Kitchen and eating table is overflowing with stored food and stacked kitchen items making the space unsafe and unusable by the clients

43.(c)(5)(A) Food with label for refrigeration is being stored throughout the CCFFH in room temperature. Fans in the client rooms are covered in a layer of dust

43.(c)(5)(A) Client # 1 condom catheter bag (2000ml) is left open to drain into a plastic bucket

Foster Family Home	Client Account	[11-800-48]
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48.(b)(1) Commingled with those of the home, the primary or substitute caregivers, other household members, or other clients; or

Comment:

48.(b)(1) Client # 3 (Medicaid funded) has nutritional supplements which have been provided by clients POA

Foster Family Home	Physical Environment	[11-800-49]
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49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

49.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in manner infringing on clients use of space and in an unsafe manner.

49.(d)(1) Client 3 has a significant amount (closet full) of stored kitchen and household items, and 2 mattress impeding on the useful space for the client

Foster Family Home - Deficiency Report

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;


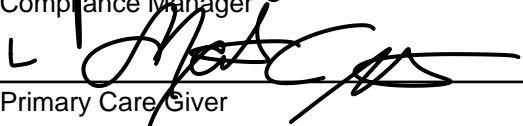
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for clients #1, 2 and # 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Client # 1 has a different order for the amount of Tylenol not to exceed on MAR and Rx label

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Compliance Manager

Primary Care Giver

1/20/23
Date
1/20/23
Date

CTA RN Compliance Manager: Send to 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: Mary Cachola

(PLEASE PRINT)

CCFFH Address: 94-745 Kime Street Waipahu Hawaii 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?
43.(c)(4)	Kitchen is cleaned and items that been used for holidays and birthday gathering that just past has been put away. Clients have their own personal bed table that they preferred to use because they can not stay long time in their wheelchair.	01/22/23	The table in clients' living area is being use to prepare clients' needs. CG will set an alarm to schedule date every month to clean
43.(c)(5)	Only Client #3 uses condiments. He uses low salt shoyu and tabasco that is in his room. Ketchup and Tar Tar sauce is in clients' separate refrigerator. Mayonaise that was seen on the counter was just been use by a kid household member. Client has his personal use condiments that he likes. Fans in the clients' room are cleaned and dusted.	01/21/23	CG will set an alarm to schedule date every month to clean the fan in clients' room.
43.(c)(5) (A)	Stopped leaving open client #1's condom catheter bag (2000ml) to drain into plastic bucket. CG will do the best to check more frequently as can, per client is drinking a lot of water and urinating frequently.	01/20/23	Requested a 4000ml condom catheter bag from client's PCP to help preventing client to feel any pressure.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 2-1-23

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Send to 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: Mary Cachola
(PLEASE PRINT)

CCFFH Address: 94-745 Kime Street Waipahu Hawaii 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?
48.(b)(1)	Client #3 likes nutritional drink so much and having it even before coming to the foster home. CG tried to stop giving nutritional drink before and changed it into regular chocolate powdered drink, but client is upset because he did not like it. client is irritable, yelling, swearing and saying bad words to cg when upset. refuses to eat sometimes and uncooperative.	01/21/23	Will try to stop it again after his supply last and will see how client will react. if he will insist to have the nutritional drink, then cg will cover the expenses for it.
49.(C)(#)	Cleaned up the surrounding and disposed things that are not needed anymore.	01/26/23	CG will regularly check the surrounding of the house to avoid cluster of things that are not being use.
49.(d)(1)	All the things in the client #3's room that are not for client was removed. Mattress is own by client that came with his bed. CG provided an Air Mattress for client because he refuses to be getting out of bed. He is yelling at the cg when trying to transfer him, CG can not throw the mattress away just because in case of client needs to move other place, the mattress has to go with his bed.	01/28/23	CG will keep in mind and make sure that there's no more household things in the room before transferring the client. CG will set an alarm to schedule date every month to clean

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 2-1-23

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Send to 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: Mary Cachola

(PLEASE PRINT)

CCFEH Address: 94-745 Kime Street Waipahu Hawaii 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)	Called the clients' agencies to check and correct the services written in client's Service Plan. Some changes in clients need, and changes ordered by their doctor.	01/23/23	Will keep in mind to give time to read the service plan and check with the nurse if everything that's written are correct and updated.
54.(c)(5)	Called the agency for client #1 to correct the Mar for client's Tylenol amount order not to exceed 9 Tabs, not 9 gms.	01/23/23	I will make sure to tally the MAR and label of the medication to avoid discrepancy.

 All items that were corrected are attached to this POC

PCG's Signature:

Date:

2-1-23

☒ CTA has reviewed all corrected items