Foster Family Home - Deficiency Report

Flovidel ID.	1-57 9504				
Home Name:	Poblezita Vil	lator, C	NA	Review ID:	1-579584-13
91-941 Kalapu S	treet			Reviewer:	Jackie Chamberlain
Ewa Beach	HI	96	706	Begin Date:	2/7/2023

Foster Family Ho	me Required Certificate	[11-800-6]	
6.(d)(1) Comment:	Comply with all applicable requirements in this c	hapter; and	

6(d)(1) CCFFH inspection made for a 3 bed recertification inspection.

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

Foster Famil	y Home	Personnel and Staffing	[11-800-41]		
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and				
41.(b)(8)	.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.				
41.(f)(2)	Background checks				
Comment:					
41.(b)(7) HHN	vl 1 2 3 4 do r	not have documentation of current T	B clearance		
CG 2 ÁPS CA	AN ECRIM ar	ks are overdue for CG1- ECRIM nd HHM 1 APS CAN and ECRIM urrent CPR, First aid for CG 1			

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Foster Family Home	Fire Safety	[11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

Provider ID:

1-570584

46.(b)(2) The CCFFH Fire exit plan map has not been updated to reflect changes in the home structure

Foster Family	/ Home Physical Environment	[11-800-49]
49.(a)(4)	Wheelchair accessibility to sleeping rooms, bathrooms, o	common areas and exits, as appropriate;
49.(d)(2) A new home assessment is required when changes occur to the structure or address of the home.		
Comment:		

49.(a)(4) there is a lock and a bolt on a chest high door between the clients bedrooms and the rest of the home locking the clients into a section of the home without a kitchen, recreational room or eating space

49.(d)(2) Current vacant client bedroom is in an approved bedroom (is a previous 2 bedroom room now has a made wooden divider between) There is no closet in this bedroom

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Foster Family Home Records

[11-800-54]

54.(c)(1) Client's vital information;

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

54.(c)(1) There is no documentation of clients vital signs since admission

54.(c)(2) Service plan for clients #1 is outdated and has discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(7) No documentation of Expenditure records

54.(c)(8) No documentation of Personal inventory

Date are Give Primary 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: POBLEZITA J. TORILLOS

(PLEASE PRINT)

91-941 KALAPU ST. EWA BEACH HI 96706 CCFFH Address:

(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)(7)	TB clearance wa obtained for HHM1,2,3,4. It was place into home record.	2/7/2023	Home will use a spread sheet on refrigerator to identify when requirements are due to prevent them from expiring.
41.(b)(8)	It was place into CG1 book.	2/7/2023	Home will use a calendar to put all due dates on,checks will be done at least 6 months before due date to prevent future expiring.
41.(f)(2)	Lapse cannot be corrected.	2/8/2023	Home will use a calendar to put all due dates on. APS CAN and Ecrim checks will be done at least 4 weeks before due date to prevent future lapses.
46.(b)(2)	It was changes.	2/07/2023	Home will displaye right away after the changes.
49.(a)(4)	I called a carpenter to removed the door between the client room.	2/8/2023	Next time before I put a door in between the client room.I call to aprove it.
49.(d)(2)	I called right away the carpenter to put a closet.	2/8/2023	Next time I should call should to ask what is the requirement to the client room.
54.(c)(1)	client vital sign discrepancy was corrected CM to forward a blank form.	2/8/2023	I will look at all the vital sign record to ensure they have a blank form in the book.
54.(c)(2)	CM never send it to me.	2/8/2023	Home will remind the CM to send the Service Plan right away.
54.(c)(7)	The brother is responsible to all his financies.	2/7/2023	Home put record in his book that brother responsible for expenses. (P.O.A).
54.(c)(8)	Recordedbut not put in the book.	2/7/2023	Home will put right away all document needed in the book.

CTA has reviewed all corrected items

101821 S. Young

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