

Foster Family Home - Deficiency Report

Provider ID: 1-130005

Home Name: Redentor Rous, CNA

Review ID: 1-130005-13

91-829 Kimopelekane Road

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 2/13/2023

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 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 Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) No clearances that meet department of health guidelines for HHM 2,4,5,and 7

Foster Family Home Records [11-800-54]

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

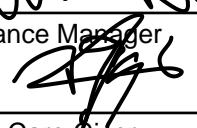
Comment:

54.(c)(5) Client # 1 insulin on MAR for every PM which actually is given in the AM with hold parameters based on AM BGM reading

54.(c)(5) Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

 RN

Compliance Manager


Primary Care Giver

2/13/23
Date

2/13/23
Date

CTA RN Compliance Manager: Jackie Chamberlain RN


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

PCG's Name on CCFFH Certificate: REDECTOR ROUS
(PLEASE PRINT)

CCFFH Address: 91-829 Kimopelekane Rd, Ewa Beach, HI 96706
(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.f.1	TB Clearance Exclusion was fill in for HHM 2, 4, 5, and 7. It was placed into the home record.	2/13/23	CG is responsible to review and obtain a TB clearance if they no longer meet the exclusion criteria.
54.c.5	MAR on insulin for client # 1 was corrected by the clients CMA and MD signed order that is given in the AM not every PM on the clients MAR. It was placed into the client binder.	2/13/23	Caregiver will notify clients CMA and PCP if correction is needed on clients MAR.
54.c.5	Medication discrepancy for client # 2 was corrected by clients CMA, MD and Caregiver on clients Medication Administration Record.	2/17/23	Caregiver will look at all medication records and bottles to ensure they both match every time before giving medication. Caregiver will immediately notify CMA, Pharmacy or doctor if they are different.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 2/26/23

CTA has reviewed all corrected items