

Foster Family Home - Deficiency Report

Provider ID: 1-210026

Home Name: Rosemelinda Reyes, CNA

Review ID: 1-210026-5

98-248 A Aiea Kai Place

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 1/10/2023

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

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

Comment:

6.d.1- Unannounced visit made to a 3-bed re-certification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (1/10/23 issued date).

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#2, HHM#3, HHM#4, HHM#5, and HHM#6.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4)- No disclosure form was present for CG#2.

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 #1's current(?) Service Plan was not dated and no signature of client/POA was present.

54.(c)(5)- one medication was not written in Client #1's Medication Administration Records (MAR) for the months of December 2022 and January 2023.

 Maribel Nakamine, RN 1/10/23
Compliance Manager Date
 1/10/23
Primary Care Giver Date

CTA RN Compliance Manager: MARIBEL NARAMINE

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

PCG's Name on CCFFH Certificate: ROSEMELINDA A. REYES

CCFFH Address: 98-248 A. AIEA KAI PLACE AIEA, HAWAII 96701
(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?
16(b)(5)	I contacted HHM#2, HHM#3, HHM#4, HHM#5, HHM#6 TO OBTAINED SIGNATURE ON THE CONFIDENTIALITY POLICIES AND PROCEDURES AND CLIENTS PRIVACY RIGHTS SIGNED AND DATED	HHM#2 - 1/22/2023 HHM#3 - 1/22/2023 HHM#4 - 1/23/2023 HHM#5 - 1/27/2023 HHM#6 - 1/23/2023	IN THE FUTURE, CG #1 will talk to all household member that upon move in they need to sign the confidentiality policies and procedures and clients privacy rights.
41(b)(4)	I contacted CG #2 and obtained signature on disclosure form	1/12/23	CG #1 will talk to all caregivers within 3 days before adding to my home. CCFFH must sign the disclosure form.
54(c)(2)	I contacted my RN/CASE MANAGER that (S.P.P) SERVICE PLAN of clients #1 must be signed and dated. I contacted the client's POA that service plan must be signed and dated.	1/12/23 1/14/23	CG #1, IN THE FUTURE, upon receiving the service plan make sure that is signed and dated. CG #1, IN THE FUTURE upon receiving the service plan, POA must be obtained signature and dated as well.

☒ All items that were corrected are attached to this POC

PCG's Signature: Rosemary

Date: 1/24/23

☒ 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: ROSEMELINDA A. REYES
(PLEASE PRINT)

CCFFH Address: 98-244A. AIEA KAI PLACE, AIEA HAWAII 96701
(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(0)(5)	I contacted RN CASE MANAGER that list OF MEDICATIONS ON CLIENTS #1 MAR MUST BE UPDATED MONTHLY. AND FILED IN CLIENT #1 BINDER.	1/12/23	CG #1 EVERY FIRST DAY OF THE MONTH MUST CHECK ALL MEDICATIONS ARE WRITTEN IN MAR

☒ All items that were corrected are attached to this POC

PCG's Signature: reyes

Date: 1/26/23

☒ CTA has reviewed all corrected items