

# Foster Family Home - Deficiency Report

Provider ID: 1-170054

Home Name: Mayrose Abadilla, CNA

Review ID: 1-170054-11

94-992 Kualua Place

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 5/19/2023

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- Unannounced visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days from date of inspection (issued on 5/19/23).

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.

Comment:

49.(c)(3)- Emergency exit doors ramps not leveled that can cause tripping/fall hazard for wheelchair/walker.

Foster Family Home	Records	[11-800-54]
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54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- Client #1's Medication Administration Record(MAR) was last signed on 5/8/23.

Client #2's MAR for the month of February 2023 - 9 daily scheduled medications were without signature/initial of caregivers from February 1, 2023- February 28, 2023 and for the month of May 2023- was last signed on 5/11/23.

54.(c)(6)- Client #1's Daily Care Flowsheet was last signed on 5/8/23.

Maribel Nakamine, RN

Compliance Manager



Primary Care Giver

Date

Date

5/19/23  
5/19/23

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: MAYROSE P ABADILLA

(PLEASE PRINT)

CCFFH Address: 94 992 KUALUA PLACE 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?
49 (c)(3)	Exit door ramps were fixed and adjusted to level the height of those exit doors.	06.04.23	CG#1 ensures and check ramps for any spaces or uneven level to prevent any falls and to ensure client's safety.
54.(c)(5)	CG#1 signed off medications for client's #1 and client's #2 on MAR where missing initials were for late entry. CMAs were notified. Documented on progress notes medications were given.	05.30.23	In the Future, caregivers to sign off medication as medication is being administered at the same time to prevent any future problems.
54.(c)(6)	CG#1 signed off ADLs for client's #1. CMA was notified. Documented on progress notes ADLs were provided.	05.30.23	In the future, caregivers to sign off ADLs as being provided to prevent any future problems

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 06.05.2023

☒ CTA has reviewed all corrected items