

Foster Family Home - Deficiency Report

Provider ID: 5-190064

Home Name: Shla C. Purpose, NA

Review ID: 5-190064-9

3593 Uwao Street

Reviewer: Maribel Nakamine

Hanapepe HI 96716

Begin Date: 5/9/2023

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 for a 3-bed recertification inspection.

Deficiency Report issued to CCFFH during inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 5/9/23).

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 confidentiality policies and procedures and client privacy rights training present for HHM#2.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 6/23/22 and was done on 8/10/22.

41.(f)(1)- HHM#1's TB clearance lapsed on 6/18/22 and was done on 7/19/22 and HHM#2's TB clearance lapsed on 6/23/22 and was done on 8/24/22.

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

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No nighttime fire drill was conducted for the past 12 months.

Foster Family Home	Medication and Nutrition	[11-800-47]
--------------------	--------------------------	-------------

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects was present in Client #1's chart/record.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(b)

The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

Comment:

54.(b)- No signatures by caregivers were present after each dated entries in Client #1's progress/observation notes.

Maribel Nakaneiro, R
Compliance Manager
Date 5/9/23
Date 5/9/23
Primary Care Giver

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: SHLA PERPOSE CNA

(PLEASE PRINT)

CCFFH Address: 3593 UWAO STREET, HANAPEPE, HI 96716

(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)	No confidentiality policies and procedures and client privacy rights training present for HHM#2 Confidentiality policies and procedures and client rights training was provided for HHM #2	5/21/23	Provide training to all employees about confidentiality policies and procedures and client rights
41.(b)(7)	CG#1's TB clearance lapsed on 6/23/22 and was done 8/10/22 Lapse cannot be corrected	5/21/23	Set a reminder on the calendar of TB tests that are due 1 month prior to the expiration date of TB test.
41.(f)(1)	HHM#1's TB clearance lapsed on 6/18/22 and was done on 7/19/22 and HHM#2's TB clearance lapsed in 6/23/22 and was done on 8/24/22 TB clearance was renewed for HHM#1	5/21/23	Set a reminder on the calendar of TB tests that are due 1 month prior to the expiration date of TB test.
46.(a)	No nighttime fire drill was conducted for the past 12 months - Lapse cannot be corrected.	5/21/23	Ensure that fire drills are conducted during the night.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: June 5, 2023

☒ 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: SHLA PERPOSE CNA

(PLEASE PRINT)

CCFFH Address: 3593 UWAO STREET, HANAPEPE, HI 96716

(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?
47.(c)	No list of medications' side effects was present in client #1's chart/record - List side effects of each medication.	5/21/23	Ensure that potential side effects of each medication s listed on a document
54.(b)	No signatures by caregivers were present after each dated entries in client#1's progress/observation notes - Obtained signatures by caregivers	5/21/23	Maintain separate notebooks for each client with a sticky note on each document that requires a signature by designated caregivers.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: June 5, 2023

☒ CTA has reviewed all corrected items