Foster Family Home - Deficiency Report

Provider ID: 1-558976

Home Name: Vising Santiago, CNA Review ID: 1-558976-12

41-565 Inoaole Street Reviewer: Maribel Nakamine

Waimanalo HI 96795 Begin Date: 7/5/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of corrections due to CTA on 8/5/2022.

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

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 completed for the past 12 months.

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

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d), (d)(1)- No MD order present for Client 's

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping

rooms;

Comment:

49.(a)(1)- No non-slip surface/rubber mat present in clients' bathroom flooring.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- Automobile policy was last dated on 9/8/2020 in the CCFFH's binder.

Foster Family Home - Deficiency Report

Foster Family H	lome Client Rights	[11-800-53]		
53.(b)(9)	Be treated with understanding, respect, and full considerate privacy in treatment and in care of the client's personal new privacy in treatment and in care of the client's personal new privacy in treatment and in care of the client's personal new privacy in treatment and in care of the client's personal new privacy in treatment and in care of the client's personal new privacy in the client's personal new privacy in treatment and in care of the client's personal new privacy in treatment and in care of the client's personal new privacy in treatment and in care of the client's personal new privacy in treatment and in care of the client's personal new privacy in treatment and in care of the client's personal new privacy in treatment and in care of the client's personal new privacy in treatment and in care of the client's personal new privacy in treatment and in care of the client's personal new privacy in treatment and in care of the client's personal new privacy in treatment and in care of the client's personal new privacy in treatment and in care of the client's personal new privacy in the client's personal new	3 ,		
Comment:				
53.(b)(9)- the client's bedroom doorknob was loose/broken.				
Foster Family H	lome Records	[11-800-54]		
54.(c)(2)	Client's current individual service plan, and when appropri	riate, a transportation plan approved by the department;		
54.(c)(5)	(5) Medication schedule checklist;			
Comment:				
54.(c) (2)- Client 's Service Plan was expired on 54.(c)(5)- One medication did not match the medication's label and MD order when compared with client's Medication Administration Record (MAR).				

Murbel Nakamine, Nu 7/5/22

Compliance Manager Santiago

Primary Care Give

Makamine, Nu 7/5/22

Date

Date

Date

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Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Vis

Vising Santiago

(PLEASE PRINT)

CCFFH Address:

41-565 Inoaole Street Waimanalo HI 96795

(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?
46.(a)	I did the fire drill of different time of the night	07/05/22	I will schedule fire drills on my calendar and at different times like daytime, Evening and night.
47.(d)(1)	Contacted PCP and got order.	07/10/22	Will check my records monthly.
49.(a)(1)	Bought non-slip surface/rubber mat and I place on clients bathroom floor.	07/06/22	CG#1 will check daily what is needed to the bathroom.
51.(a)(2)	CG#1 call insurance agent of the automobile policy and filed in home binder.	07/06/22	Will use checklist to be aware of the expiration date on policies.
53.(b)(9)	Doorknob was changed in client#2 room.	07/06/22	CG#1 will check daily inside of client rooms to make sure everything is fixed
54.(c)(2)	Case manager called and expired service plan faxed. Filed in home binder.	07/06/22	CG#1 will use checklist to keep track of expiration dates.
54.(c)(5)	PCP contacted. Physician order notes corrected with the right label of the medication.	07/10/22	CG#1 will check the medication and the order of the Dr in order to match.
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All items that were corrected are attached to this POC PCG's Signature:

Date: 8//2/22

√ CTA has reviewed all corrected items