

Foster Family Home - Deficiency Report

Provider ID: 1-516023

Home Name: Arlene Hanks, CNA

Review ID: 1-516023-14

44-124 Mikiola Drive

Reviewer: Jackie Chamberlain

Kaneohe

HI 96744

Begin Date: 5/22/2023

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 Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

43.(c)(6)(B) Include access by the client to radio, television, telephone, internet.

Comment:

43.(c)(3) No RN delegation present for Client # 1 for CG 2, 3 or 4

Client 3 has no delegation for topical medications for any caregiver, and no delegations are present for caregivers 3, 4, 5

43.(c)(6)(B) CG 1 states she does not have internet access readily available for clients or visitors

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) The CCFFH kitchen is up a flight of stairs behind a closed door. Clients do not have access to a common kitchen

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e) CCFFH did not allow CTA entry for 10 minutes (although spoke through the front door after 5 minutes of ringing doorbell)

50.(e)(1) CTA did not receive client binders for review for 75 minutes after entry to CCFFH

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 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.b.1 CTA asked for client records several times over the course of over an hour and the CCFFH did not produce client records until 75 minutes post entry to CCFFH preventing effective and professional review.

54.(c)(2) Service plan for client #1,2 and 3 are outdated - unable to determine if service plan is being followed by CCFFH

54.(c)(5) Medication discrepancy for client # 1 # 2 and # 3 medication prescription label did not match medication administration record and / or the signed MD orders



Compliance Manager



Primary Care Giver

/

5/23/23

Date

5/23/23

Date

CTA RN Compliance Manager: JACKIE CHAMBERLAIN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (POC)
Chapter 11-800**

PCG's Name on CCFFH Certification: Arlene Hanks

(PLEASE PRINT)

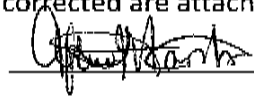
CCFFH Address: 44-124 Mikiola Drive Kaneohe, HI 96744

(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?
11-800-43 (c) (3)	CM RN has provided Nursing delegation for Client #1 for caregivers #2, #3, and #4;	5/24/23	For any future admissions or when there's a new task that needs nursing delegation, I will inform the visiting RN. I will make a checklist for the RN and myself to make sure its complete, I will put the checklist in front of the client binder to remind me and the RN.
11-800-43 (c) (3)	Client #3 - Nursing delegation provided by CMA RN for caregivers #3 and #4. CCFFH has 4 approved caregivers.	5/24/23	I will remind the visiting RN that she needs to check the nursing delegation section to make sure it's complete when she comes for the monthly home visit. I will make a reminder in my calendar and post in the kitchen.

All items that were corrected are attached to this POC.

PCG's Signature: _____



Date: 6/21/2023

CTA has reviewed all corrected items

CTA RN Compliance Manager: JACKIE CHAMBERLAIN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (POC)
Chapter 11-800

PCG's Name on CCFFH Certification: Arlene Hanks

(PLEASE PRINT)

CCFFH Address: 44-124 Mikiola Drive Kaneohe, HI 96744

(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?
11-800-43 (c) (6) (B)	Internet access is always available.	5/24/23	My husband and I will check on a daily basis that internet access is working. We will inform our internet carrier when we have we have a problem with internet access.
11-800-49 (a) (4)	The CCFFH provides a small kitchen with microwave, portable stove, toaster, and refrigerator that are easily accessed by clients when needed.	5/24/23	The caregivers are responsible to cook and prepare food for all clients. We offer snacks and ready-to-serve food anytime when client requests.
11-800-50 (e)	The CCFFH has allowed entry of CTA personnel within 5 minutes.	5/24/23	We have the Ring doorbell system with camera & pre-recorded message that announces to visitors that someone will be at the door shortly. When CTA arrived, client was using the toilet and ready to shower - PCG was unable to leave him in the bathroom by himself due to risk for falls and client safety. In the future, we kindly ask CTA to allow time for CG to answer the door in case they are attending to clients in the home.

All items that were corrected are attached to this POC.

PCG's Signature:

Date: 6/21/2023

CTA has reviewed all corrected items

CTA RN Compliance Manager: JACKIE CHAMBERLAIN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (POC)
Chapter 11-800**

PCG's Name on CCFFH Certification: Arlene Hanks

(PLEASE PRINT)

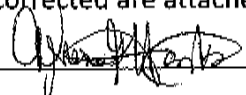
CCFFH Address: 44-124 Mikiola Drive Kaneohe, HI 96744

(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?
11-800-50 (e) (1) and 11-800-84 (b) (1)	I respectfully disagree that CTA did not receive clients' binders for review for 75 min after entry into CCFFH. Clients' binders were provided to CTA less than 75 min. CTA checked the caregiver's binder first before checking clients' binders.	5/24/23	The CCFFH allowed CTA personnel ample time to complete the review until CTA personnel was done checking charts.
11-800-54 (c) (2)	Received updated Service Plans for client #1, #2, and #3 and filed in chart. RN reviewed with caregivers	5/28/23	I will remind visiting RN to review Service Plans with me every 3 - 6 months. If I have any questions or need clarifications on things I do not understand, I will inform my RN. I will make a checklist for RN and myself to do and put in my calendar as a reminder.
11-800-54 (c) (5)	Medication discrepancy for clients #1, #2, and #3 were corrected. RN checked current MD's orders / MAR and signature obtained. Will obtain updated medication label for medication on next refill.	5/24/23	I will make a checklist of medications to be reconciled (new, discontinued, or changes) so I can remind RN on next monthly visit. Checklist will posted in front of client's chart.

All items that were corrected are attached to this POC.

PCG's Signature: _____



Date: 6/21/2023

CTA has reviewed all corrected items


Page 3

CTA RN Compliance Manager: _____

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

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

CCFFH Address: _____
(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?
			

All items that were corrected are attached to this POC

PCG's Signature: _____
Judith [Signature]

Date: _____

CTA has reviewed all corrected items