

Foster Family Home - Deficiency Report

Provider ID: 1-190038

Home Name: Roxan Mae Okamoto, CNA

Review ID: 1-190038-8

1178 Lunahana Place

Reviewer: Jackie Chamberlain

Kailua

HI 96734

Begin Date: 5/19/2023

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.
plan of correction required within 30 days

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

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3)CG 1 bedroom is not in close proximity and without call or monitoring device for client 1

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(a)(5) Env. the room must have space for a dresser and nightstand for each client

Comment:


(3P)(a)(5) Env. Client 1 bedroom is without a closet for client use


Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

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



Compliance Manager


Primary Care Giver

5/17/23

Date
5/17/23

Date

CTA RN Compliance Manager: Send to Terri Van Houten RN / Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: ROXAN MAE S. OKAMOTO, CNA
(PLEASE PRINT)

CCFFH Address: 1178 LUNAHANA PLACE, KAILUA HAWAII - 96734
(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(b)(3)	Client #1 and Client #2 have now been provided with access to a call bell and intercom, and their bedrooms are equipped with a monitoring system that has been approved by the case management agency.	6/13/2023	Home will establish a consistent nighttime routine to minimize unexpected emergencies or disruptions and will guarantee that [REDACTED] caregivers are nearby the clients and confirm the proper functioning of all monitoring equipment.
(3P)(a)(5)	The bedroom of Client #1 has now been furnished and fixed with a cabinet, dresser, and nightstand, completing the setup.	6/13/2023	Home will prioritize the continuous availability of nightstands and dressers for clients, aiming to maintain a comfortable environment that meets their needs at all times.
54 (c)(5)	Medication discrepancies for Client #1 have been thoroughly reviewed and resolved.	6/13/2023	CG#1 will double-check the medication prescription label against the administered medication, ensuring accurate match of name, dosage, strength, and instructions. Always follow the 7 rights of medication __ right patient, right drug, right dose right time, right route, right __ and most especially right documentation prescription label record and other signed MD orders.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: JUNE -15- 2023

CTA has reviewed all corrected items