

# Foster Family Home - Deficiency Report

**Provider ID:** 1-582785

**Home Name:** Rowena Sales, CNA

**Review ID:** 1-582785-19

45-413 Ihilani Street

Reviewer: Jackie Chamberlain

Kaneohe HI 96744

Begin Date: 5/23/2023

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) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

Foster Family Home	Operation of CCFFH	[11-800-39]
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39.(2) Comply with all applicable requirements set forth in this chapter.

Comment:

39.(2) Certificate is not posted in the CCFFH

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)CG 1,2 and 3 do not have proof of TB clearance

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

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

Foster Family Home	Client Rights	[11-800-53]
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53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) Client # 2 has MD order for side rails up while in bed. At time of inspection client is in bed with side rail down

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

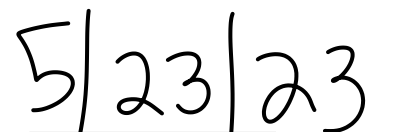
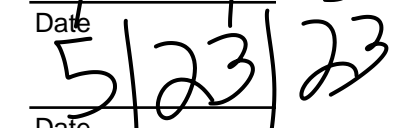
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) Client # 2 - a medication has been held without MD order to hold or DC and no evidence of MD being notified

  
Compliance Manager

  
Primary Care Giver

  
Date  
  
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: Rowena C. Sales  
(PLEASE PRINT)

CCFFH Address: 45-413 Ihilani St. 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?
39.(2)	Certificate posted on the wall	5/24/23	In order to prove that my home is certified to be a Community Care Foster Family Home, I will make sure that the certificate of approval is posted in a visible place for all visitors entering the home. It is placed visibly on the wall as soon as a person enters the door, stating that my Kaneohe home is certified for adult foster care.
41.(b)(7)	TB clearance of [REDACTED] completed. TB clearance of [REDACTED] completed. TB clearance of [REDACTED] completed.	6/5/23	There are different TB clearance form used in different doctor's office. I had used the provided TB clearance form from the doctor that gave us clearance. However, for future TB clearances, the provided form from [REDACTED] will be used and signed.
50 (e)	Doorbell needs to be installed on the gate	6/5/23	Due to the main entrance of the home being on the side of the house, there is no clear indication that a visitor is at the house. To make it easier for guest to announce that they are here, installing a sort of intercom or doorbell on the gate is needed. Thus the proper installation of a doorbell on the gate was place to notify any visitor at the front of the house.
53 (b)(7)	MD order the use of side rails up & down PRN	5/25/24	Due to the patient's ability of being mobile, to prevent any falls and ensure patient's safety, the MD has order for the use of side rails to be up and down.
54 (c)(5)	Client #2 - medication has been approved PRN per his MD	5/25/23	To ensure patient medication adherence, all medications must have a written administration as ordered by the MD. This also includes the PRN medications that the patient is not currently taking on a daily basis.

☒ All items that were corrected are attached to this POC

PCG's Signature: Rowena C. Sales

Date: 07-11-23

☒ CTA has reviewed all corrected items