

Foster Family Home - Deficiency Report

Provider ID: 1-160074

Home Name: Analyn Kagimoto, CNA

Review ID: 1-160074-12

3737 Waiialae Avenue

Reviewer: Maribel Nakamine

Honolulu

HI 96816

Begin Date: 7/27/2023

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 during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 7/27/23).

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 5/7/23 and was not done until 6/15/23. CG#4's Ecrim lapsed on 6/3/23 and was not done until 7/11/23.

HHM#2's APS/CAN lapsed on 5/10/23 and was not done until 6/15/23; Ecrim lapsed on 6/3/23 and was not done until 7/11/23. HHM#3's APS/CAN lapsed 5/28/23 and was not done until 6/15/23.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- Compliance manager was unable to verify the number of hours CG#4(NA) worked in a day or week. Sign in/out sheets were incomplete.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 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;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;
- 54.(c)(8) Personal inventory.

Comment:

- 54.(c)(2)- Client #2's Service Plan dated 4/10/23 without the POA's/client's signature.
- 54.(c)(5)- Client #1's Medication Administration Record (MAR) was last signed on 7/25/23. There was one medication that didn't match the label with the client's MAR and MD's order.
Client #2- one medication was not written in client's July 2023 MAR. June 2023's MAR was missing. One medication was not available during CCFFH survey.
- 54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last completed on 7/25/23. Client's observation/progress notes were missing caregivers' signatures from 12/23/22- 7/4/23.
- 54.(c)(8)- Client #1 did not have evidence that a personal inventory log has been initiated and/or maintained.

Maibelle Nakamisa, RN
Compliance Manager

AKayim
Primary Care Give

7/27/23
Date

7/27/23
Date

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: Analyn Kagimoto

(PLEASE PRINT)

CCFFH Address: 3737 Waialae Ave, Honolulu, Hawaii 96816

(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?
8.(a)(1). (2)	Lapse cannot be corrected	07/27/23	Home will write down all the due dates of APS/CAN and Ecrim of all caregivers and home members in a paper and place it in the front cover of the home binder. Background checks will be done at least 3 weeks before due dates to avoid future lapses
(3P)(b)(2) Staff	CG#4 wrote 3pm in and 4pm out and 1 hour total work hour for the day and for the whole week	07/28/23	Have the sign in/out sheet ready and a put a a "sign this " note by the exit door and sign the sheet together (CG)
54.(c)(2)	Client#2's POA signed the 4/10/23 Service Plan	07/29/23	Sticks out the Service Plan in the clients binder and put a sign "POA PLEASE SIGN" and also write it down in my phone's reminder
54.(c)(5)	Client #1's Medical Record for 07/25/23 signed	07/27/23	Home will have the MAR ready and sign it as soon as the meds given
	Client#1's medication that didn't matched with the MAR and Dr's order was taken out and wasted by melting it with hot water and thrown in the trash can	07/27/23	Home will throw away all discontinued meds as soon as the Dr's DC order received
	Client #2's medication for July 2023 was written down in the MAR /MAR updated	07/27/23	Home will compare all the meds on hand in the MAR every administration and notify CMA ASAP for correction
	Client#2's MAR for June 2023 was placed back in Client #2 binder	07/28/23	Home will put a note on the client's binder to ensure all docs taken out Will be placed back to avoid missing

All items that were corrected are attached to this POC

PCG's Signature: Analyn Kagimoto

Date: 08/22/23

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: ANALYN KAGIMOTO

(PLEASE PRINT)

CCFFH Address: 3737 WAIALAE AVE HONOLULU, HAWAII 96816

(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?
54.(c)(5)	Continuation for Client #2 Client #2's medication that was missing during the visit was obtained	07/28/23	Home will look at all the medication administration records and medication bottles on hand to ensure all medications are available and immediately ask the Dr for refill when there's missing medication
54.(c)(6)	Clients #1's ADLs/daily care Flowsheet for July 25, 2023 was completed Client's observation/ progress notes from 12/23/22-7/04/23 were signed	07/27/23 07/27/23	Home will ensure to complete the Client's ADLs/ Daily Care Flowsheet every 11 pm each day and put a reminder on my phone Note "pls sign" was placed in the observation/progress notes forms to make sure each notes ended with a signature
54.(c)(8)	Client #1's personal inventory log was filled	07/27/23h	Fill up the Personal Inventory Log right away during admission and note and date all incoming/outgoing belongings as it occurs

All items that were corrected are attached to this POC

PCG's Signature: AnalyN Kagimoto

Date: 08/22/23

CTA has reviewed all corrected items