

Foster Family Home - Deficiency Report

Provider ID: 1-561945

Home Name: Lenie Allera, CNA

Review ID: 1-561945-14

203 Plum Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 9/26/2023

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 9/26/23).

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4)- No [REDACTED] Caregiver Disclosure Form present for CG#4.

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.

Comment:

43.(c)(3)- No RN delegations present for CG#3 in Client #1's chart/records.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

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;

Comment:

54.(c)(2)- Client #3's Service Plan lapsed since 12/4/22 and no current service plan was present in client's chart.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #3.

Client #1- one daily scheduled medication was not available during CCFFH inspection.

Client #3- two medications did not match the medications' labels with the MDs orders and the client's Medication Administration Records(MARs).

Maribel Nakamine, RN 9/26/23
Compliance Manager Date
JR Allera 9/26/23
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine RN

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

PCG's Name on CCFFH Certificate: LENIE R. ALLERA
(PLEASE PRINT)

CCFFH Address: 203 Plum St. Wahiawa HI 96786
(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?
41(b)(4)	Caregiver disclosure form was done. It was placed into the client record	9/26/23	CG #1 will ensure all caregiver disclosure forms are complete.
43(1)(3)	RN delegation was done by clients CMA. It was placed into the client record	10/4/23	Home will notify clients' CMA that RN delegation needs to be performed within xx days of a caregiver being added to the home. Home has developed a calendar in the front of the personnel binder at all director
(3P)(6)(6)	Fire drill was done by CG #3. FOEM has been put into home binder	10/4/23	
54(c)(2)	Service plan was found in the Respite Folder	9/26/23	CG will ensure to give all the documents to the compliance manager.
54(c)(5)	Medication discrepancy was corrected by clients CMA, MD and CG #1 on clients Medication Administration Record	10/4/23	CG #1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, pharmacy and/or doctor if they are different

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 10/4/23

CTA has reviewed all corrected items