## Foster Family Home - Deficiency Report

Provider ID: 1-180090

Home Name: Erlita Magdirila, RN Review ID: 1-180090-10

94-418 Loaa Street Reviewer: Ryan Nakamua

Waipahu HI 96797 Begin Date: 10/18/2023

<b>Foster Family</b>	/ Home	Required Certificate	[11-800-6]
Foster Family	/ Home	Required Certificate	U-000-LI

6.(d)(1) Comply with all applicable requirements in this chapter; and

Background Chacks

Comment:

Foster Family Home

6.(d)(1) - Unannounced CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/17/2023.

1 Oster 1 anning 110	Dackground Oncoks	[11-000-0]
8.(a)(1)	Be subject to criminal history record checks in accordance with	n 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:		

[11\_800\_8]

8.(a)(1): No evidence from CCFFH of current fingerprinting for HHM#4. No documentation produced by CCFFH.

8.(a)(2): No evidence from CCFFH of current APS/CAN for HHM#4. No documentation produced by CCFFH.

### Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and

procedures and client privacy rights.

Comment:

16.(b)(5): No evidence from CCFFH of confidentiality training completed from HHM#4. No evidence of HHM#4 signed off confidentiality training.

Foster Family	Home Personnel and Staffing	[11-800-41]
41.(b)(7)	Have a current tuberculosis clearance that me	ets department guidelines; and
41.(f)(1)	Tuberculosis clearances that meet departmen	t of health guidelines; and
41.(g)	and specific skill areas needed to perform tasl	e assessed by the department for competency in basic caregiver skills ks necessary to carrying out each client's service plan. The by of all caregivers shall be kept in the client's, case manager's, and rivice plan.

#### Comment:

- 41.(b)(7): No evidence provided by CCFFH of valid to clearance for CG#2. Document produced by CCFFH has no indication of signature from MD/APRN/PA.
- 41.(f)(1): No evidence from CCFFH of valid to clearance for HHM#4 and 3 minors living in home. No documentation produced by CCFFH.
- 41.(g): No evidence from CCFFH of basic skills checks for CG#2 for client #2. CG#2 not signed off by CMA.

## Foster Family Home - Deficiency Report

# 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 evidence from CCFFH that CG#2 received all RN delegations from CMA for client #1. RN did not sign CG#2 for hospice care, hospice PRN medication, and thickened liquids.

# 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

[11-800-46]

Comment:

**Foster Family Home** 

Fire Safety

46.(a): No evidence by CCFFH that monthly fire drills were conducted in the past 12 months. No documentation produced by CCFFH of 12/22, 11/22/ and 10/22 fire drills were conducted.

Foster Family	y Home Records	[11-800-54]
54.(c)(2)	Client's current individual servi	ce plan, and when appropriate, a transportation plan approved by the department;
54.(c)(3)	Current copies of the client's pl	nysician's orders;
0		

Comment:

54.(c)(2): No evidence from CCFFH of Service Plan updated to addressing client #1's hospice care. No signature from POA on service plan dated 6/30/2023.

54.(c)(2): No evidence from CCFFH of service plan signed by Client #3's POA. Service plan dated from 7/24/2023.

54.(c)(3): No evidence from CCFFH of oxygen order for client #1. CCFFH unable produce written order for oxygen.

Compliance Manager
Primary Care Giver

Date Date

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

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

94-418 Loaa St, Waipahu, HI 96797 **CCFFH Address:** 

(PLEASE PRINT)

Rule 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)	Fingerprinting was done for HHM#4 on 10-31-23 and result will be filed on the binder	<b>10-31-23</b> 11-14-23	Background check results for all caregivers and household members will be kept updated on file for next review. Home will use spreadsheet calendar to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.		
8.(a)(2)	APS/CAN result for HHM#4 was completed on 11-3-23 and was filed on the binder	11-3-23	Background check results for all caregivers and household members will be kept updated on file for next review. Home will use spreadsheet calendar to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.		
16.(b)(5)	Confidentiality training for HHM#4 was completed and signed off on binder on 10-19-23	10-19-23	Requirements for all household members will be kept updated on file for next review.		
41.(b)(7)		11-19-23	Requirements for all caregivers and household members will be reviewed to meet the set standards of this organization.		
41.(f)(1)	Valid TB clearance for HHM#4 is scheduled to be obtained on 11-7-23. TB clearance for the 3 minors living in the home were not obtained (as per policy for TB testing #2 states "for persons with no resident contact or contact less than 10 hours a week: no TB clearance needed)	11-7-23	Requirements for all caregivers and household members will be kept updated on file for next review.		
41.(g)	RN delegation of basic skills checks for CG#2 for client #2 was done and signed off by CMA	10-27-23	Home will notify client's CMA that RN delegation needs to be done within 5 days upon admission of new client or upon receipt of new doctor's orders.		

✔	All items that were	corrected a	are attached	to this	POC
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PCG's Signature:

7. MgGis Date: 11-4-23

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

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

CCFFH Address: 94-418 Loaa St, Waipahu, HI 96797

(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?
43.(c)(3)	RN delegation for CG#2 for client #1 regarding new orders for hospice care, hospice PRN medications and thickened liquids were done and was signed off by CMA	10-20-23	Home will notify client's CMA that RN delegation needs to be done within 5 days upon receipt of new doctor's orders.
46.(a)	Lapse cannot be corrected	10-19-23	Home will keep at least 2 years complete fire drills documentation on the binder.
54.(c)(2)	Service plan for Hospice care was obtained from CMA. Signature from POA for the Service plan for this same client dated 6-30-23 was obtained.	10-27-23	Home will use spreadsheet calendar to ensure that service care plans for all clients are updated and properly signed off.
54.(c)(2)	POA signature for service plan for client#3 was obtained	10-28-23	Home will use spreadsheet calendar to ensure that service care plans for all clients are updated and properly signed off.
54.(c)(3)	Oxygen order for client#1 was obtained.	10-20-23	Home will review at all new doctor orders and will immediately notify CMA and/or doctor for missing orders or any discrepancies in the orders.

<b>₹</b>	All items tha	at were corrected	are attache	ed to this PO	С		11 11 2
PCG's	Signature:	Eli	p 7.	mo	glis _	Date:	11-4-2