

Foster Family Home - Deficiency Report

Provider ID: 4-100012

Home Name: Julie Bonilla, CNA

1025 Kokomo Road

Haiku

HI

96708

Review ID: 4-100012-18

Reviewer: Terri Van Houten

Begin Date: 10/11/2023

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) - Unannounced CCFFH inspection for 3 bed CCFFH recertification. Report issued via email following CCFFH inspection with written plan of correction due to CTA by 30 days of issuance.

6(d)(1) - CCFFH did not have evidence that form 1147 had been completed for Client #1, #2 or #3.

Foster Family Home	Reporting Changes	[11-800-12]
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12. The case management agency or home shall immediately report to the department changes that may affect the case management agency's or home's ability to comply with the applicable requirements of this chapter. Changes to be reported include, but are not limited to, changes:

12.(5) In the service delivery site.

Comment:

12., 12.(5) - CG#1 had not notified CTA regarding a change in the contact phone number for the CCFFH.

Foster Family Home	Information Confidentiality	[11-800-16]
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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) - CG#6 did not have evidence that confidentiality training had been received.

Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
41.(a)(3)	Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and	
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).	
41.(b)(5)	Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.	
41.(b)(5)(C)(iv)	Use of an insured vehicle;	
41.(g)	The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.	
41.(h)	The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.	

Comment:

41.(a)(3) - CG#4 and CG#6 did not have evidence of in-home work experience on file.

41.(b)(4) - CG#6 did not have evidence of a disclosure form on file.

41.(b)(5) - CG#6 did not have evidence of a state ID/state driver's license on file. CG#6 was not included on the CCFFH alternate transportation plan.

41.(b)(5)(C)(iv) - CCFFH did not have evidence of vehicle insurance for CG#3. CG#3 had been identified as someone approved to provide non-emergent transportation to the clients.

41.(g) - CG#6 indicated provision of client care within the last 3 months. The CCFFH did not have evidence that CG#6 had received a basic skills check.

41.(h) - CG#6 was present at the CCFFH and facilitated the inspection. CG#6 indicated that he had provided care to clients within the last 3 months. CG#6 was approved as a 2 bed CG by CTA on 1/14/23 and is not eligible to provide care to clients in a 3 bed CCFFH.

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 - The CCFFH did not have evidence that a 3 client sign out log was being maintained in CG#1's absence.

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.

43.(c)(5)(A) Appropriate, safe techniques, and infection control procedures; and

Comment:

43.(c)(3) - The CCFFH did not have evidence that RN delegations had been provided to CG#6 for client #1, #2 and #3.

43.(c)(5)(A) - The CCFFH was cluttered and smelled of pet/human urine. Client living areas were not easily accessible for use due to presence of clutter on the dining table and kitchen counters and piles of clothing on furnishings. Noted the presence of two large ash trays located on the ground at the front door that were overflowing with cigarettes and had a strong odor of tobacco. In addition, noted the presence of four (4) empty bottles of alcohol on the ground outside the front door. Flooring in the kitchen area felt sticky to walk on. Noted three (3) plates of food covered with clear plastic wrap and a jar of strawberry spread left on the kitchen table/counters during the length of my inspection.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - Records of monthly fire drills were not available for review during the inspection.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

47.(b) - CCFFH did not have evidence that client medications were being stored and administered in a safe manner. Client#1's medications were being stored in the client's bedroom without a physician order to allow for self-administration. Each client's medications were stored in a basket; Client#1's basket contained a prescription bottle of a liquid that was not labeled with client or medication information. Client #2's basket had two tablets that were not in a bottle or wrapper and CTA was unable to identify the medication.

Foster Family Home

Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) - CCFFH did not have evidence of who was responsible for managing the clients monthly personal needs allowance for client #1, #2, and #3.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

Comment:

49.(a)(3) - CCFFH common areas were cluttered in a manner that prevented clients from using the space for socializing or dining.

Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(e)(2) Inspection of service sites;

Comment:

50.(e)(2) - The CCFFH operator was inaccessible at the start of the inspection. CTA compliance manager was unable to reach the CG by phone numbers on file and the CCFFH did not have a method to alert the CG of a visitor's presence. CG#6 arrived to the CCFFH after 28 minutes and permitted access to the CCFFH and was able to contact CG#1 at an alternate number. CG#1 reported that she did not know where the binder was for client #3. The binder was later located at a church a couple houses away and had been left there by client #3 earlier that morning.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2) - CCFFH did not have evidence of a current automobile insurance policy to cover those CGs identified to provide non-emergent transportation. (CG#1 and CG#3)

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;

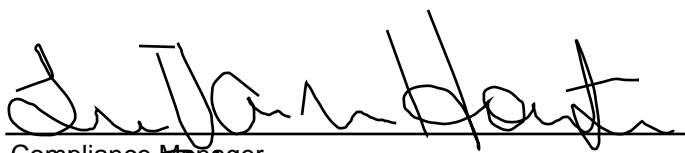
Comment:


54.(c)(2) - CCFFH did not have evidence that the Service Plan for client #2 has been reviewed/updated every 6 months. SP was missing from 10/2022.

54.(c)(5) - CCFFH did not have evidence that documentation on the MAR was being completed daily. Last entry on MAR for client #1 occurred on 10/3/23 and for client #2 and #3 occurred on 10/5/23.

54.(c)(5) - Medication discrepancies noted on the MAR for client #1, #2, and #3. Client #1 - bottle of Tylenol 500 mg was present in supply but not included on the MAR. Client #2 - noted two bottles of prescription medications that did not include the pharmacy printed instructions. Noted a bottle of Atarax 10 mg that was not included on the MAR. Client #3 - Medications that were listed on the MAR were not located in the client's supply of medications.

54.(c)(6) CCFFH did not have evidence that documentation on the ADL flowsheet was being completed daily. Last entry on ADL flowsheet for client #1 occurred on 10/3/23 and for client #2 and #3 occurred on 10/5/23.-


Compliance Manager


Primary Care Giver

10/11/23
Date

11/3/23
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: Julie L. Bonilla

(PLEASE PRINT)

CCFFH Address: 1025 Kokomo Rd. Haiku HI. 96708

(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?
6(d)(1)	A copy of the approved 1147 for the 3 clients is filed on each thin-out clients binder	10/30/23	All the thin-out binder must be visible, ready to check when needed.
12, 12 (5)	Change of contact number. I have updated [REDACTED] with my new contact #	10/18/23	I should have my reminder board visible with all the important things that I should do including [REDACTED] with any changes such as my contact #.
16.(b)(5)	CG #6 is not my [REDACTED] CG		It's a miscommunication and misunderstanding on the conversation.
4.(a)(2)	CG #6 is not assigned as an [REDACTED] CG in my Adult Foster Home Care		I educate my son that he don't open his mouth if he can't understand or not sure of the question
4.(b)(4)			
4.(b)(5)			
4.(g)			
4.(h)			

☒ All items that were corrected are attached to this POCPCG's Signature: Date: 11/3/23☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Terri Van HoutenCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Julie L Bonilla

(PLEASE PRINT)

CCFFH Address:

1025 Kokono Rd Haiku HI 96708

(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.(a)(3)	CG # 4 obtained evidence of in-home work experience on file in the binder	10/30/23	On my [redacted] binder, I should mark my calendar dates to have periodic review of my [redacted] CG's requirements or documents to keep them updated
43.(c)(3)	CG #6 is not assigned as a [redacted] CG in my CCFFH	10/14/23	I told to this individual to say I don't know if he's not sure of the question and educated him to speak only the truth, to respond if surveyor arrives.

☒ All items that were corrected are attached to this POCPCG's Signature: [Signature]Date: 11/3/23☒ CTA has reviewed all corrected items

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Julie L Bonilla

(PLEASE PRINT)

CCFFH Address:

1025 Koko Rd. Hailu HI 96708

(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)(5) (c)(iv)	CG # 3, evidence of vehicle insurance obtained	10/30/23	I need to make it sure that it's all updated and attach to the binder by making a reminder board hung on our kitchen wall.
(3P)(b) (2) staff	An evidence that a 3 client sign out log obtained and is being maintained in CG #1's absence	10/30/23	I should have a periodic check of the requirements in the operation of my AFHC so I will not miss any like the use of 3-clients sign out log, that everytime I go out, this should be utilized

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Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Julie L Bonilla

(PLEASE PRINT)

CCFFH Address:

1025 Kokomo Rd. Hauku HI. 96708

(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)(5) (A)	I have decluttered and clean the house, put all things in their places, mopped and disinfected the floor wash with soap and water and other furnishings.	10/14/23	In order to maintain a clean, safe and conducive home environment, I should follow a daily schedule of cleaning, making all areas of the house free from any clutter.
(3P)(b)(1)	Records of monthly fire drills are available to review when there's an inspection.	10/14/23	I will make it sure next time that it is attach to the [REDACTED] binder so that it is easy to find, for updated surveyor and [REDACTED] CG's.

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PCG's Signature: _____

Date: 11/3/23

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Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Julie L Bonilla

CCFFH Address:

1025 Kokomo Rd. Aiken HI 96708

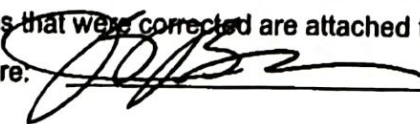
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
47(b)	<p>All medications should be all in a lock cabinet medicines, medicines are not & should not be inside clients bedroom, client #1 meds basket are taken and kept in a lock room.</p> <p>The bottle that has no label for client #1 is a measuring bottle that's given by walmart pharmacy to fill up to his SOD POLY SULFATE LIQUID MEDICINE</p>	10/20/23	<p>It's very important that I'll never stock medicine basket in Clients bedroom anymore, other wise I stock them in a lock room or cabinet that clients can't access at all time.</p> <p>I'll make it sure to ask walmart Pharmacy to label the measuring bottle.</p>

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PCG's Name on CCFFH Certificate: Julie L Bonilla
(PLEASE PRINT)

CCFFH Address: 1025 Kokomo Rd Haiku HI 96708
(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?
	Client #2 basket is check and clean and closed tightly the medicine.	10/28/23	I need to be careful in bringing out the pills from the bottles and at the end of the day I need to make it sure to clean the medicine basket of each Client.
48.(a)	The evidence of who is responsible for managing the clients monthly personal needs obtained	10/20/23	Client # 1, Client # 2 Client #3, have their own bank account and managing their own allowance by bringing them to the store and spend independently.

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Chapter 11-800

PCG's Name on CCFFH Certificate: Julie L Bonilla

(PLEASE PRINT)

CCFFH Address: 1025 Kokomo Rd. Haiku HI 96708

(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.(a)(3)	The common areas is decluttered and it's free and very clean for using the space for socializing or dining.	10/13/23	In order to maintain a clean and safe and conducive home environment, I should follow a daily schedule of cleaning, making all areas of the house free from clutter to allow a space for socialization among my clients.
50.(e)(2)	I have updated my contact number to [REDACTED]; I have put all the clients binders in a safe cabinet	10/18/23	In order to keep accessible, I have to keep [REDACTED] updated with the changes of my contact numbers. Also, I have to be organized when it comes to my clients records/binders and that these should

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Date: 11/3/23

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CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Julie L Bonilla

(PLEASE PRINT)

CCFFH Address: 1025 Kokomo Rd. Haiku HI. 96708

(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?
51.(a)(2)	Evidence of current automobile insurance policy to for CG #4 and CG #3 obtained and place in the [redacted] binder	10/14/23	be located in one safe place. On my [redacted] binder, I should mark my calendar dates to have periodic review of my records to keep them up to date such as my automobile insurance and my [redacted] CG listed to provide non-emergent transportation.
54.(c)(2)	Client #2 - SP missing from 2022, the copies of the old SP were on the other binder. I have organized the client's binder in a safe, visible area	10/14/23	All the records of the Client's Service Plan are updated and it's easy to access when surveyor come to visit.

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PCG's Signature: [Signature]

Date: 11/3/23

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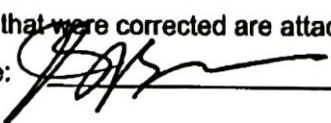
1025 Kokomo Rd Haiku HI 96708

(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)	I have completed all the documentation on MAR for all the client.	10/13/23	I will make a practice to chart or documented right away upon giving medicine.
54.(c)(5)	Medications discrepancies, Client #1 Tylenol 500mg was in the basket but not the MAR, I have asked a written order of medication reconciliation from the Doctor and I have asked my CMA to make an updated MAR and filed it on the client's binder.	11/2/23	To prevent medication discrepancies, I have to have a schedule on my calendar for a periodic review of medications with that of the MD order and the MAR like at the end of the month or before the start of the month.

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Chapter 11-800

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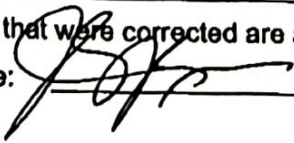
1025 Kokomo Rd Haiku HI 96708

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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)	<p>Client #2, with 2 bottles of meds with out instructions/Label</p> <p>I have set aside these 2 meds and have double checked with the MD order + MAR and have asked the PCP to make an order with proper label by the pharmacy, with Atarax 10mg, that has been d'ed and already removed in basket, she's taking 25mg which is in the basket + MAR</p>		

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Chapter 11-800

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1025 Kokomo Rd. Haiku HI. 96708

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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)(6)	I've been doing my ADL flow sheet but for the month of October I must honestly admit that I wasn't able to document on the client's ADL flow sheet but up this date I completed all the charting of the 3 clients.	10/13/23	I should follow prompt and accurate documentation/recording especially on the client's Daily ADL flow sheet.

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