

Foster Family Home - Deficiency Report

Provider ID: 1-597833

Home Name: Chona Molina, CNA

Review ID: 1-597833-14

94-1038 Lumikula Street

Reviewer: Terri Van Houten

Waipahu HI 96797

Begin Date: 12/6/2023

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 annual inspection for 3 bed CCFFH. CCFFH is applying to increase to 3 beds. CCFFH met requirements for increase to 3 beds with a deficiency report issued during CCFFH inspection with written plan of correction due to CTA by 1/6/2024. Approval for increase will occur at the time an accepted POC is submitted.

42. Client #2 did not have evidence of a current form 1147 on file. 1147 present in chart expired 2/2/2022.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - HHM#1 did not have evidence of a TB clearance or TB exclusion.


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;

Comment:

54.(c)(2) - CCFFH did not have evidence that the service plan (SP) for client #1 and client #2 was being reviewed every 6 months. Client #1: SP missing from 3/2023. Client #2 - Last SP dated 2/2023


Compliance Manager


Primary Care Giver

12/6/23
Date

12/6/23
Date

CTA RN Compliance Manager: TERRI VAN HOUTEN, RN

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

PCG's Name on CCFFH Certificate: CHONA MOLINA
(PLEASE PRINT)

CCFFH Address: 94-1038 LUMIKULA STREET, WAIPAHU, HAWAII 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?
6 (d) (1)	Application for increase to 3 bed deficiency report has been completed and has complied.	12/15/2023	CCFFH must always be prepared and updated when making changes and be placed into home record.
42	Current 1147 has been updated by CMA RN. It is now placed into the client's record.	12/29/2023	Home will notify client's CMA RN that 1147 is required to all clients and needs to be updated whenever there are changes. The home will keep track and will mark the calendar on her wall.
41.(f)(1)	Tb exclusion was obtained for HHM #1. It was placed into home record.	12/7/2023	Home will use a wall calendar to put all due dates on. Caregiver #1 will inform all other caregivers and HHM when an item is due 6 weeks before it is due.
54 (c)(2)	SP for client #1 was done and fixed by CMA RN . It was placed into client's record.	12/29/23	Home will make sure all records are updated and will notify CMA RN that SP needs to be updaated every six months or when there are changes in the client's condition. Caregiver #1 will use a wall calendar to put all due dates on. SP plan is updated every 6 months or when there are changes.
	SP for client #2 was done and fixed by CMA RN, It was placed into client's record.	12/7/2023	

All items that were corrected are attached to this POC

PCG's Signature: *Chona Molina*

Date: 1/3/24

CTA has reviewed all corrected items