

Foster Family Home - Deficiency Report

Provider ID: 1-170071

Home Name: Cristina Dooney, CNA

Review ID: 1-170001-2

94-460 Piliimai Street

Reviewer: Terri Van Houten

Waipahu

HI 96797

Begin Date: 12/13/2023

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. Report issued during CCFFH inspection with written plan of correction due to CTA by 1/13/2024.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - CG#4 did not have evidence of a current TB clearance on file. Last recorded TB clearance was from 10/2022.

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) - CCFFH did not have evidence that CG#5 and CG#6 had received RN delegations for client #1.

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 - CCFFH did not have evidence that fire drills were being conducted monthly. Last documented fire drill was in August 2023.

Foster Family Home Records [11-800-54]

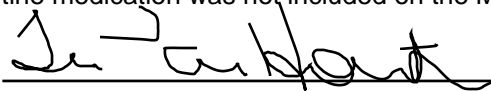
54.(c)(5) Medication schedule checklist;

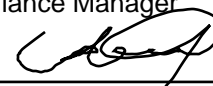
Comment:

54.(c)(5) - Medication discrepancies noted for client #2 and client #3.

Client #2 - two PRN medications did not include the comment "as needed" or PRN on the prescription bottle.

Client #3 - One routine medication was not included on the MAR from October 2023 until present.


Compliance Manager


Primary Care Giver

12/13/23
Date

12/13/23
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: CRISTINA G. DOONEY
(PLEASE PRINT)

CCFFH Address: 94-460 PILIMAI 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?
41.(b)(7)	2022 TB clearance was obtained for CG# 4. It was placed into the records.	12/19/2023	Home will use spreadsheet on home binder to identify when requirements are due 1 month before they expire to allow time to get them done before they due.
43.(c)(3)	RN delegation was done for CG#5 and CG#6 by client CMA. It was placed into client's record.	12/27/2023	Home will notify client CMA that RN delegation needs to be performed within 7 days to all caregivers. Home will develop a calendar in front of the personal binder with all due dates.
(3P)(b)(1)	Cannot be corrected lapsed.	12/14/2023	Home will make sure that monthly fire drills will be conducted. Home will develop a calendar
54.(c)(5)	Medication discrepancy was corrected by client CMA, MD, and CG# 1 on client's medication Administration records.	12/27/2023	CG#1 will double check all new medication with the doctor's orders, medication labels and medication administration records. If anything doesn't match CG#1 will contact MD, CMA RN and pharmacy.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/29/2023

CTA has reviewed all corrected items