

Foster Family Home - Deficiency Report

Provider ID: 1-511289

Home Name: Erlinda Ortal, CNA

91-1060 Hamana Street

Ewa Beach

HI

96706

Review ID: 1-511289-15

Reviewer: Ryan Nakamua

Begin Date: 12/4/2023

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection (inspection date: 12/04/2023).

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): Evidence of lapse by CCFFH of CG#3's clearance APS/CAN from 12/20/2021 and 1/05/2022 per documents provided by CCFFH.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(c)(1): No evidence by CCFFH of documentation power of attorney records for client #1 and #2. No documentation provided by CCFFH.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.

Comment:

41.(b)(8): Evidence by CCFFH of lapse of First Aid/CPR for CG#3. Documents provided by CCFFH show lapse from 2/1/2023 to 2/21/2023.

41.(g): No evidence of CCFFH receiving basic caregiver skills checked by case management agency for client #1 for all caregivers. Documentation provided by CCFFH is incomplete with no name of client and date check was completed.

41.(g): No evidence by CCFFH of basic caregiver skills by client #2's case management agency for CG#1. No documentation provided showing CG#1 was checked by client #2's case management.

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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 by CCFFH of RN delegations were given for all caregivers by client #1's case management agency. Documents provided by CCFFH are incomplete with no name of client.

43.(c)(3): No evidence by CCFFH of RN delegation for CG#1 by client #2's case management agency. No documentation provided by CCFFH.

Foster Family Home

Fire Safety

[11-800-46]

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.

Comment:

46.(a): No evidence by CCFFH of fire drill conducted at least monthly. No documentation provided by CCFFH of fire drill conducted in 1/2022.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1): No evidence by CCFFH of non-slip surface in shower area of client's bathroom.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15): No evidence by CCFFH of non restrictive visiting hours at home for visitors. Documentation provided by CCFFH show visiting hours from 10:00am to 5:00pm.

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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)(4) Client's emergency management procedures;
- 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;
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(2): Evidence of discrepancy in client #1's service plan regarding use of seat belt while in wheelchair. Documentation shows both, to use and not use seat belt, in service plan.

54.(c)(4): No evidence by CCFFH of emergency procedure for client #1. No documentation provided by CCFFH.

54.(c)(5): Evidence by CCFFH of lapse in documentation in MAR for both client #1 and #2. Documentation provided by CCFFH show no documentation of medication administration since 12/1/2023.


54.(c)(6): Evidence by CCFFH of lapse in documentation of personal care/observation for client #1 and client #2. No documentation provided by CCFFH of documentation of 11/29/2023 and 11/30/2023 and no documentation since 12/01/2023.

54.(c)(6): No evidence by CCFFH of daily documentation of meal consumption since 11/29/2023.

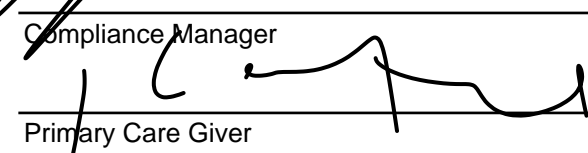
54.(c)(6): No evidence of daily documentation of client #1's heart rate and respirations and monthly documentation of temperature. Documents provided by CCFFH show only daily blood pressure was taken.

54.(c)(6): No evidence by CCFFH of documentation of daily vital signs for client #2. Documents provided by CCFFH show only daily blood pressure taken.

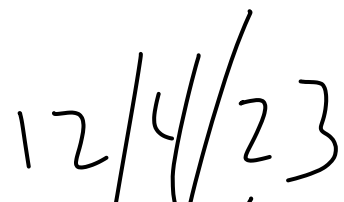
54.(c)(8): No documentation of client #1's personal inventory. Document provided by CCFFH dated prior to client moved in current home.



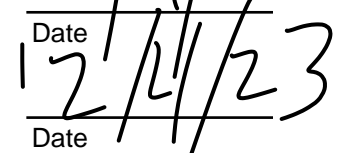
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: RYAN NAKAMURA, RN

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

PCG's Name on CCFFH Certificate: Erlinda Ortal CCFFH

(PLEASE PRINT)

CCFFH Address: 91-1060 HAMANA ST. EWA BEACH, HI 96706

(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?
8(a)(2)	CG#3 APS/CAN has lapse for 2 weeks due to scheduling issue, see attached form	12/11/23	I will do monthly audit for all CGs documents to make sure that all document are current . See attached audit form
16.(c)(1)	Power of Attorney obtained from family to both client . See attached document	12/11/23	I will do monthly chart audit ot make sure that all documents are present in the chart .See attached audit form
41.(b)(8)	CG missed to check the due date of CG#3 First aid and CPR on time. It was renewed 2/21/23 . See attached form	12/11/23	I will do monthly audit for all CGs documents to make sure that all document are current . See attached audit form
41.(g)	I notified my CMA to correct Basic skills check of Client #1 ,with client name and date completed . For client #2 CMA corrected the form. see attached form	12/11/23	I will do monthly chart audit to make sure are all completed, signed and present in the chart . See attached audit form
43(c)(3)	RN delegation od Client # 1was completed by CMA, Client # 2 was obtained from CMA. See attached corrected forms	12/11/23	To prevent this from happening again, I will make sure to do chart audit to make sure that delegations are present and completed. see attached audit form

☒ All items that were corrected are attached to this POC

PCG's Signature: Erlinda D Ortal

Date: 12/11/23

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: RYAN NAKAMURA, RN

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

PCG's Name on CCFFH Certificate: ERLINDA ORTAL CCFFH
(PLEASE PRINT)

CCFFH Address: 91-1060 HAMANA ST . EWA BEACH , HI 96706
(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?
46.(a)	Conducted fire drill on and file in the chart. See attached document 11/23/23	12/11/23	I will do monthly audit with my requirements to prevent thei from happening agaian. See attached audit form .
49.(a)(1)	Non-slip surface was placed in the clients bathroom . See picture attached .	12/11/23	I will include the bathrooms in my daily rounds to make sure that non slid surface are present .
53.(b)(15)	Policy revised as to visiting hours to 24 hours , no restriction . see attached form	12/11/23	I review my P&P annually to make sure it complies with the [REDACTED] Rules and Regulations .
54.(c)(2)	RN CM came and corrected the SP for seatbelt to use to client #1. See attached corrected form	12/11/23	I will make sure to review with my RN the SP every renewal time (every 6 mos)
54.(c)(4)	Emergency Procedure for client #1 was obtained from the CMA . See attached form	12/11/23	I will make sure to check my chart monthly to make sure all documents are present by using the CMA chart Table of Contents .

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PCG's Signature: Erlinda D Ortal

Date: 12/11/23

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: RYAN NAKAMURA, RN

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

PCG's Name on CCFFH Certificate: ERLINDA ORTAL CCFFH
(PLEASE PRINT)

CCFFH Address: 91-1060 HAMANA ST . EWA BEACH , HI 96706
(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)	Unable to correct citation due to missed documentation		For this not to happen again I created a folder for each client to bring it with me in their room for me to sign every each procedure/care rendered. See attached picture of folders.
54.(c)(6)	Unable to correct citation due to missed documentation		I will make sure to sign daily or every care rendered .vital signs, meal consumption to the folder I created as mentioned above .
54.(c)(8)	Client did not move to different homes , she was initially admitted in my home on 6/22 under [REDACTED] CMA but co owner of [REDACTED] transfer to [REDACTED] client was transferred to [REDACTED] without transferring home. Personal inventory on the day of admission from previous agency was copied to [REDACTED] Personal inventory form . Inventory was changed with the dtae admitted to [REDACTED] See attached form	12/11/23	I will make sure that everytime client will be admitted to another Agency to use the admission date.

☒ All items that were corrected are attached to this POC

PCG's Signature: Erlinda D Ortal

Date: 12/11/23

☒ CTA has reviewed all corrected items