

# Foster Family Home - Deficiency Report

Provider ID: 1-180004

Home Name: Katherine De Vera, CNA

Review ID: 1-180004-12

94-610 Kaiewa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/4/2023

## 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 visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 12.4.2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Background Checks [11-800-8]

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) APS/CAN checks results for 2023 were not present in record for CG#1 and CG#2. Awaiting Fieldprint results to be returned.

APS/CAN was lapsed for CG#3, APS/CAN was due on or before 12/18/2022 and was completed on 1/13/2023.

## 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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#3 and CG#5.

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

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.

Comment:

41.b.5. CG#3, CG#4 and CG#5 does not drive clients. No alternate transportation plan present in record.

# Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d)(2) Reflected in the client's service plan; and

Comment:

47(d)(2) Client #1 has an order for safety belt in wheelchair. It is not present on service plan.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#4 and CG#5 did not received the training.

Foster Family Home

Records

[11-800-54]

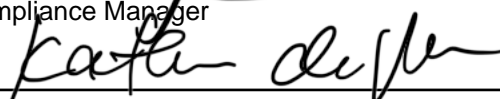
54.(c)(5) Medication schedule checklist;

Comment:

54(c)(5) Multiple medication discrepancies were present in Client #1 record where the MAR did not match the prescription labels.



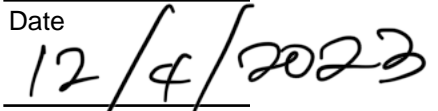
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Po Lim RN

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

PCG's Name on CCFFH Certificate: KATHERINE DE VERA  
(PLEASE PRINT)

CCFFH Address: 94-610 Kaiawa 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?
8.(a)(2)	Lapse cannot be corrected	12/4/23	Home will use a calendar or phone to input reminders to prevent future lapse.
16.(b)(5)	CG #3 and CG #5 have been trained in confidentiality policies, procedures and client privacy rights	12/5/23	Home will make sure that all caregivers member have their training within one week of being added to the home.
41.(b)(5)	Copy of automobile insurance policy and copy of CG drivers license placed on CCFFH binder	12/5/23	CG will use cell phone and ipad for reminders two months before the expiration date. Mark calendar also to check two months before due dates.
47.(d)(2)	Service Plan is reviewed by case manager and renewed	12/5/23	Home will review clients binder daily for proper documentation. caregiver will inform clients CMA.

All items that were corrected are attached to this POC

PCG's Signature: Katherine de Vera

Date: 12-28-2023

CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim RN

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

PCG's Name on CCFFH Certificate: KATHERINE DE VERA  
(PLEASE PRINT)

CCFFH Address: 94-610 Kaiawa 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?
50.(a)	CG #4 and CG #5 will made an Emergency for the CCFFH address one in the living room and near bathroom	12/5/23	CCFFH will notify to train new care givers as soon they are added.
54.(c)(5)	Medication for client #1 were reviewed and fixed	12/27/23	To always follow the right of medication administration. Right drug, right dose and right documentation.

All items that were corrected are attached to this POC

PCG's Signature: Katherine de Vera

Date: 12-28-2023

CTA has reviewed all corrected items