

Foster Family Home - Deficiency Report

Provider ID: 1-562688

Home Name: Luzviminda Godoy, CNA

Review ID: 1-562688-14

94-1030 Mahoe Place

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 12/8/2023

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/8/23).

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

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.(g)- No Basic Skills Checks completed for CG#1, CG#2, and CG#4 in Client #1's chart/records.

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)- No RN delegations present for CG#4 in Client #1's chart/records.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects present for Client #1.

Foster Family Home Records [11-800-54]

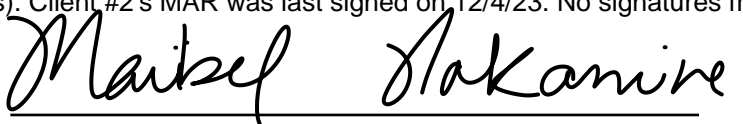

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

Comment:

54.(c)(2)- No current service plan present for Client #1. Last one in record was dated July 20, 2022.

54.(c)(5)- Client #1's Medication Administration Record (MAR) was last signed on 12/6/23. No signatures from 12/7/23-12/8/23 (am doses). Client #2's MAR was last signed on 12/4/23. No signatures from 12/5/23-12/8/23 (am dose).


Compliance Manager

Primary Care Giver
Date 12/8/23
Date 12/8/23

CTA RN Compliance Manager: Maribel Nakamine

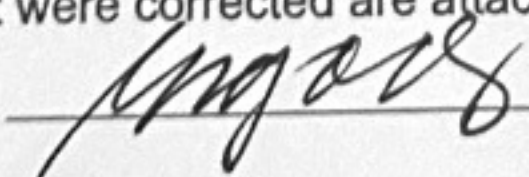
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Luzviminda Godoy
(PLEASE PRINT)

CCFFH Address: 94-1030 Mahoe Place Waipahu HI 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.(g)	I have corrected this deficiency by having CG 1, 2, 4 signed the basic skills and placed into client binder.	12/11/23	CM, [REDACTED] CG will schedule CG basic training skills upon admission or any changes of patient level of care to have an updated paperwork.
43.(c)(3)	I have corrected this deficiency by notifying RN delegation to be signed for CG 4 and it should be placed into client binder.	12/15/23	[REDACTED] CG will notify CM to set a schedule and make sure all delegation needed is performed and signed. RN delegation needs to be done immediately of CG being added to a home.
47(c)	I have corrected this deficiency by updating medication profile with CM and place into client binder.	12/15/23	[REDACTED] CG will notify CM to any changes on client medication order and medication profile to have updated paperwork.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1/04/24

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Luzviminda Godoy

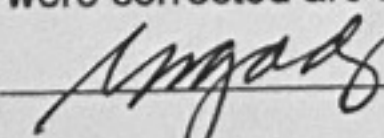
(PLEASE PRINT)

CCFFH Address: 94-1030 Mahoe Place Waipahu HI 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?
54(c)(2)	I have corrected this deficiency by notifying CM for current service plan and transportation plan into client binder.	12/15/23	CG remind CM for the service plan and transportation plan to be renewed prior to expiration.
54.(c)(5)	I have corrected this deficiency by notifying CM that client #1 and client #2 medication log that it was not sign after giving medication to clients.	12/15/23	CG must sign right away the medication log after giving medication to client to prevent from happening again.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1/04/24

☒ CTA has reviewed all corrected items