

# Foster Family Home - Deficiency Report

Provider ID: 1-220008

Home Name: Vilma Alferos, CNA

Review ID: 1-220008-5

94-1064 Halelehua Street

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 2-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 | 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 | Client Account | [11-800-48] |
|--------------------|----------------|-------------|
|--------------------|----------------|-------------|

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

48.(b)(1) Commingled with those of the home, the primary or substitute caregivers, other household members, or other clients; or

48.(b)(2) Used as the home funds or petty cash.

Comment:

48.(a), (b)(1), (b)(2)- Client #1 and Client #2 were charged for Glucerna supplements in reference to both of their Personal Expenses Records from February 2023-March 2023.

| Foster Family Home | Insurance Requirements | [11-800-51] |
|--------------------|------------------------|-------------|
|--------------------|------------------------|-------------|

51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH's General Liability policy lapsed on 11/30/23 and no current policy statement was present.

| Foster Family Home | Client Rights | [11-800-53] |
|--------------------|---------------|-------------|
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53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Clients' bathroom door without lock from the inside for privacy.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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

54.(c)(3) Current copies of the client's physician's orders;

Comment:

54.(b)- No signatures present in Client #1's progress/observation notes after each dated entry (from 9/15/22- 12/8/23).

54.(c)(2)- Client #1's Service Plan for September 2022 with only the 1st page present- missing pages 2-18.

54.(c)(3)- No written MD order present for a medication (cough) that was administered to Client #1 on 11/4/23.

Maibek Nakariv, RN 12/8/23

Compliance Manager

Date

Primary Care Giver

Date

12/8/23

PCG's Name on CCFFH Certificate: Vilma Alfaro  
(PLEASE PRINT)  
CCFFH Address: 94-1064 Halelehua St. 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?   |
|---------------------|--|-------------------------------|---|
| 47(c)               | Med and drug side effects was documented in the client progress note. Adverse events reported to CMA's. No drug side effects to the client | 12/10/23                      | Read the Label/directions of the prescribed meds by the doctor carefully before administering giving meds, right dose route & time and signed the MAR right after giving meds to prevent error. |
| 48(a)(1) and (b)(2) | Personal funds Client #1 and Client #2   | 12/15/23                      | Personal allowance primary/substitute caregivers and household member should not use personal allowance for clients.  |
| 51(a)(1)            | I received General   | 12/20/23                      | Make a calendar to remind myself will be done before the due date.  |

☒ All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 01/05/24

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Maribel Ngkamine

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Vilma A. Leros

(PLEASE PRINT)

CCFFH Address:

94-1064 Halelehua St. 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?                                     |
|-------------|--|-------------------------------|---|
| 53(b)(a)    | Client's bathroom  | 01/04/24                      | Provide client's bathroom door locks from the inside for privacy, dignity and individuality.                                      |
| 54(b)       | Signed   | 12/27/23                      | Every progress and observation notes to the client should be signed and dated after its done.                                     |
| 54(c)(2)    | I received   | 12/18/23                      | Maintain a separate notebooks for each client's current individual service plan, a transportation plan approved by the department |

☒ All items that were corrected are attached to this POC

PCG's Signature:

[Signature]

Date:

01/05/24

☒ 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: Yilma Alferos  
(PLEASE PRINT)

CCFFH Address: 94-1064 Halelehua St. 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)(3)    | Physician's order  | 12/04/23                      | cough medication administered should have a written MD orders.                                |

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 01/05/24

☒ CTA has reviewed all corrected items