

Foster Family Home - Deficiency Report

Provider ID: 1-160042

Home Name: Jamaica Dalope, CNA

Review ID: 1-160042-14

94-217 Kupuna Loop

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 3/6/2024

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 3/06/2024).

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#1 admitted to falsifying information of TB clearance dated 12/26/2023. After confession, CG#1 showed documentation of a TB clearance dated 1/26/2024 and shows evidence of lapse of clearance from 01/16/2024 to 1/25/2024.

41.(b)(7): Evidence of lapse of TB clearance for CG#2 and HHM minors. Documents provided by CCFFH show lapse of clearance for CG#2 from 6/06/2023 to 2/05/2024 and HHM minors from 1/10/2023 to 2/26/2024.

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;

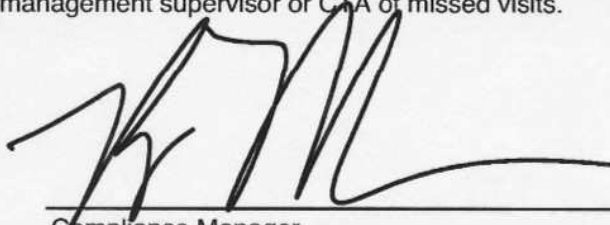
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

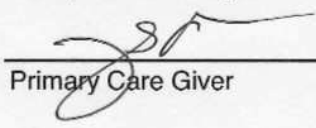
54.(c)(2): At time of inspection, no evidence of service plan conducted every six months for client #1. CG#1 called case management agency during inspection but was not readily available when requested. Last service plan provided by CCFFH was completed in 08/2023.

54.(c)(5): Evidence of medication dosage discrepancy for one medication being given compared to what is ordered to be given on the medication administrative record for the client #1.

54.(c)(6): Evidence by documents presented by CCFFH of client #1's RN case management not coming monthly for RN assessments. Documents provided by CCFFH show no visits occurred in the months of 5/2023, 9/2023, and 1/2024 and instead show that those visits occurred the following month instead and were documented as the months that were missed. CG#1 provided evidence showing attempts for monthly visits to be seen via communication with RN case manager but did not notify case management supervisor or CTA of missed visits.



Compliance Manager



Primary Care Giver



Date

Date

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Jamaica Dalope

CCFFH Address: 94-217 Kupuna Loop 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)	CG#1,CG#2 and Minors showed CTA Compliance Manager the current TB clearance and place into the binder.	3/6/2024	CG#1 will utilized calendar reminder into iPhone to schedule due date alerts 2-3 months in advance to prevent future lapses.
54.(c)(2)	CG#1 showed Client#1 current Service Plan to CTA Compliance Manager and placed into the binder.	3/11/2024	CG#1 will notify Client#1 CMA that RN needs to send Client#1 Service Plan on time and place into the binder.
54.(c)(5)	Medication discrepancies Client#1 MAR for the Month of March corrected and printed the right MAR by CG#1 and notified CTA Compliance Manager and placed into the binder.	3/7/2024	CG#1 will make sure to check and print the MAR with the updated and correct dosage.
54.(c)(6)	CG#1 showed evidence documents for Client#1 to CTA Compliance Manager that RN CMA not visiting some months home visits.	3/6/2024	CG#1 will set monthly calendar reminder every first week of the month into iphone for CMA RN visit.CG#1 will coordinate time with CMA RN to timely perform monthly visit.If CMA RN not responding for the reminder CG#1 will document CMA RN communication and will notify CTA.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 3/28/2024

CTA has reviewed all corrected items