

# Foster Family Home - Deficiency Report

Provider ID: 1-589856

Home Name: Jeanne Reutirez, CNA

Review ID: 1-589856-17

94-747 Makou Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/24/2024

## 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 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 1/24/24).

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#3 without the 2nd set of APS/CAN/Fingerprint present.

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- the CCFFH did not have evidence that specific instructions and training regarding special feeding needs of Client #3 was provided to CG#1, CG#2, and CG#3.

## Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:


49.(c)(3)- Client #1's bedroom glass window was covered with cut out cardboard. Per CG#1- window was cracked.


## Foster Family Home Client Rights [11-800-53]

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' bedrooms are supposed to allow clients to lock them from inside for privacy. The locks were on the outside for Client #1 and Client #2's bedrooms doorknobs.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

1/24/24  
Date

1/24/24  
Date

CTA RN Compliance Manager: Send to Susan Young RN/ Maribel Nakamine RN

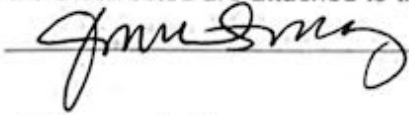
**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: JEANNE M REUTIREZ  
(PLEASE PRINT)

CCFFH Address: 94-747 MAKOU PLACE 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)(1) (2)	CG 3 Lapsed second set of APS/CAN/Fingerprints, cannot be corrected however CG 3 is scheduled to be finger printed on 2/2/2024	1/27/24- 2/27/24 or earlier	CCFFH will use calendar on phone to input due dates 30 days prior background checks to prevent future lapses.
47(e)	RN delegation for pureed diet training on client #3 was done by the client CMA and it was already placed on the clients binder .	1/25/24	CCFFH will notify client's CMA that RN delegation needs to be done right away once there is a new order for client, and when new caregiver is added to the home.
49(c)(3)	Crack window with cut out cardboard on client #1 has been replaced.	1/29/24	Clients broken windows and or any broken fixtures is not allowed and needs to be fix right away for client's safety.
53(b)(9)	Client #1 and #2 bedroom doorknobs has been fix and can be lock inside for their privacy,	1/25/24	Client's privacy has to be respected and treated with dignity at all times especially in the event of giving treatment and taking care of their personal needs.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 2/15/2024

CTA has reviewed all corrected items