

# Foster Family Home - Deficiency Report

Provider ID: 1-230001

Home Name: Leilanie Soliman, NA

Review ID: 1-230001-4

1747 Hookupa Street

Reviewer: Ryan Nakamua

Pearl City HI 96782

Begin Date: 2/16/2024

## 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: 2/16/2024).

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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.(b)(7): Current TB clearance provided by CCFFH for CG#3 not signed by physician/APRN/physician assistant. Document only signed by CG#3.

41.(b)(8): No evidence by CCFFH of bloodborne pathogen and infection control training completed for CG#3 in the past 12 months. No documentation provided.

41.(c): No evidence by CCFFH of CG#1 meeting minimum required 12 hours of annual in-service training. Documents provided by CCFFH show only 10 hours.

41.(f): No evidence by CCFFH of TB clearance for minor household member. No documentation provided.

41.(g): No evidence by CCFFH of basic caregiver skills were checked for competency by client #1 and client #2's case management agency for CG#4. No documentation provided by CCFFH.

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## 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.

47.(d)(1) By order of a physician;

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

Comment:

47.(c): No evidence by CCFFH of list of possible side effects of current medications for client #1 and client #2. No documentation provided by CCFFH.

47.(d)(1): No evidence by CCFFH of physician order for use of bed side rails for client #1. No documentation provided by CCFFH.

47(d)(2): No evidence by CCFFH of client #1's service plan addressing the use of bed side rails. No documentation noted in current service plan.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

Comment:

49.(a)(4): Observed client using a non-wheelchair accessible exit to enter the home. Exit has one step with no ramp.

49.(a)(6): Obstructed pathway from only wheelchair accessible exit in home.

## Foster Family Home

## Records

[11-800-54]

54.(c)(4) Client's emergency management procedures;

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

Comment:

54.(c)(4): No evidence by CCFFH of emergency procedures/protocols for client #1 and client #2. No documentation provided by CCFFH.

54.(c)(5): Evidence of 2 medication discrepancies for client #2. 1 medication's dosage does not match the order according to the medication administration record and the another over-the-counter medication does not match the medication administration record.



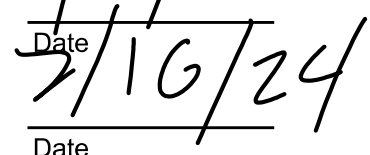
Compliance Manager



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: Lelanie Soliman  
(PLEASE PRINT)

CCFFH Address: 1747 Hookupa St Pearl City HI 96782  
(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 #3 current TB clearance on file was signed by an MD, did not need corrective action	3/15/2024	No corrective action needed. TB clearance of CG#3 was signed by an MD. Will continue to ensure all CG and HHM TB clearance are signed by physician/APRN/PA
41.(b)(8)	CG #3's bloodborne pathogen and infection control training in the past 12 months was obtained, filed and documented in CCFFH binder	3/15/2024	In the future, PCG will be proactive in ensuring all required training documents for all CG are up to date and filed in CCFFH binder. A spreadsheet on a laptop will be used to keep track of training hours needed for all CG
41.(c)	Additional 2 hours of in-service training was done by CG#1 and filed in CCFFH binder	3/1/2024	In the future, CCFFH home will ensure all CG will have minimum in-service training required annually. A spreadsheet on a laptop will be used to identify how many hours have been completed by CGs
41.(f)	TB clearance for minor HHM was done and filed in CCFFH binder	3/8/2024	PCG will ensure that all staff, HHM and CG who have direct contact with clients for more than 10 hours a week will obtain and keep up-to-date TB clearance and file in CCFFH binder. Renewals will be done 1 week before it is due
41.(g)	Basic CG skills competency was done for client #1 and client #2 by CMA	3/15/2024	PCG will ensure basic competency training is done for all new CG by CMA within one week of CG CTA approval and filed in CCFFH binder

X All items that were corrected are attached to this POC

PCG's Signature: *Lelanie Soliman* Date: 3/15/24

X CTA has reviewed all corrected items

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: Lelanie Soliman  
(PLEASE PRINT)

CCFFH Address: 1747 Hookupa St Pearl City HI 96782  
(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)	List of possible side effect of client #1 and client #2 are listed and filed on CCFFH binder. Side effects are discussed with all CG to ensure awareness of medication side effects	3/15/2024	In the future, all client's medication side effects are listed and filed on binder within 7-10 days of receiving current or new medication list. Monthly medication checks will be done to ensure the client's medication list is up to date
47.(d)(1)	Physician order for the use of bed side rails for client #1 is obtained and filed in CCFFH binder	3/15/2024	In the future, PCG will ensure that the use of bed rails will have an order from the client's physician within 1 week of using bed rail for client
47.(d)(2)	The use of bed rails is addressed and added in client #1's service plan and is filed in CCFFH client's binder	3/15/2024	In the future, PCG will discuss with CMA for any service plan updates needed for all clients. Any new doctor's order will be discuss with CMA and ensure that service plan is updated within 1 week of received order
49.(a)(4)	A ramp is placed on the entrance to be used for client	3/15/2024	The ramp is placed and installed for the client's usage. In the future, all exit and entrance used by clients will be ADA accessible to ensure client safety
49.(a)(6)	All obstruction to wheelchair accessible exit is cleared to ensure safety	3/15/2024	In the future, PCG will ensure that there are no blockages or obstruction to home's exits and entrances. Any obstructions will be cleared immediately. All HHM, staff and CG are instructed to keep exit and entrances clear of any obstruction or blockages
54.(c)(4)	Emergency procedures and protocols for client #1 and client #2 is documented and filed in CCFFH binder	3/15/2024	No corrective action needed. Emergency procedures and protocols are documented and filed in CCFFH binder and is discuss with client and their family
54.(c)(5)	Medication discrepancies for client #2 is fixed and documented in the client's binder. Medication list is updated to match order and MAR	3/15/2024	In the future, PCG will ensure that the client's medication order matches the medication on hand for the client, as well as the med list and MAR. Any changes will be updated within 1 week of obtaining order from physician

X All items that were corrected are attached to this POC

PCG's Signature: *L Soliman* Date: 3/15/24

X CTA has reviewed all corrected items