

# Foster Family Home - Deficiency Report

Provider ID: 1-120082

Home Name: Luz Tarinay, CNA

Review ID: 1-120082-20

94-426 Alpine Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/9/2024

## 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 2/9/24).

6.d.1- Client #1 without an 1147 present in the chart/records. Client #2's 1147 lapsed on 10/31/23 and no current 1147 was present in the chart/records.

## 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 competency checks completed by CG#5 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#5 in Client #1's chart/records.

## 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)- Client #1's Service Plan lapsed on 11/3/23 and no current service plan was present in chart/records.

54.(c)(5)- one daily scheduled medication's label did not match the MD order and the client's Medication Administration record.

Maribel Nakamine, RN 2/9/24  
Compliance Manager Date  
SG 2/9/24  
Primary Care Giver Date

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: Luz Tarinay

CCFFH Address: 94-426 Alapine St. Waipahu, HI 96797

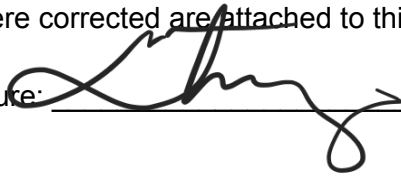
Rule Number	Corrective Action Taken - How was each issue fixed or each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
<b>6.d.1</b>	Obtained a copy 1147 of Client #1 from case management.	02/29/24	Communicate and work closely with CM on creating a checklist of important documents needed to be in the client's chart records
	Obtained a current copy 1147 of Client #2 from case management.	02/29/24	Schedule a semi-annual audit with RN CM to check on the important documents needed to be renewed in the client's chart records
<b>41.(g)</b>	RN of client #1 came to CCFFH train and sign off for caregiver #5 the "Basic skills competency"	02/13/24	Communicate and create a deadline for the RN CM to train and delegate the SCG.
<b>43.(c)(3)</b>	RN of client #1 came to CCFFH to train and delegate caregiver #5.	02/13/24	Communicate and create a deadline for the RN CM to train and delegate the SCG.
<b>54.(c)(2)</b>	Obtained a current service plan for Client #1 from CM.	03/01/24	Schedule a semi-annual audit with RN CM to check on the important documents needed to be renewed in the client's chart records.

<b>54.(c)(5)</b>	Clarified medication label of Client #1 with MD and obtained the correct medication order.	03/01/24	To ensure proper label of medications in the future, refer back to the "Five Rights." If any errors, communicate immediately with MD or CM for clarification on med orders.
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All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



3/1/24

CTA has reviewed all corrected items.