

Foster Family Home - Deficiency Report

Provider ID: 1-220053

Home Name: Blessing Faith Sebastian,
CNA

3379 Likini Street

Honolulu

HI

96818

Review ID: 1-220053-4

Reviewer: Maribel Nakamine

Begin Date: 5/1/2024

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 5/1/24).

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

Comment:

41.(a)(3)- No Job Experience Form completed by CG#2, CG#3, CG#4 and CG#5.

41.(b)(7)- CG#4's TB clearance lapsed on 4/8/24 and no current result was present.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- CCFFH's monthly fire drill times without time variations. All were timed from 4:00pm-4:30pm.

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

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

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

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

Comment:

49.(a)(1)- No non-slip surface present on clients' bathroom shower floor.

49.(a)(4)- Living room door exit was blocked with 2 bicycles. A walker/wheelchair would not be able to pass through in the event of an emergency.

49.(c)(3)- Client #1's window was blocked with pots- and household items blocking fresh air from circulating inside client's bedroom.

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Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CCFFH without an emergency preparedness plan. CG#2, CG#3, CG#4, and CG#5 were without evidence of having been trained.

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)- Client #1's Service Plan dated 1/6/24 lacked the POA's/client's signature.

54.(c)(5)- Client #1 and Client#2 were without a May 2024 Medication Administration Records (MAR).

54.(c)(6)- Client #1 without a May 2024 ADLs/Daily Care flowsheet.

Maibelle Nallemanice, RN 5/1/24
Compliance Manager Date
[Signature] 5/1/24
Primary Care Giver Date

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

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

PCG's Name on CCFFH Certificate: Blessing Faith Sebastian, CNA
(PLEASE PRINT)

CCFFH Address: 3379 Likini St Honolulu, HI 96818
(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.(a)(3)	CG#2, CG#3, CG#4, & CG#5 Job Experience Forms filed in CCFFH binder.	5/1/24	-PCG will double check that all forms are in CCFFH binder by using checklist.
41.(b)(7)	CG#4 lapsed cannot be corrected. Current TB clearance was complete. Placed to CCFFH binder.	5/16/24	-PCG will use cell phone and iPad reminder 2 months before expiration date. Mark calendar also to check 2 months before due dates.
46.(a).	PCG contacted each of the caregivers to practice fire drills anytime of the day. Resumed fire drills on 5/2/24 with different time by PCG and SCG's.	5/2/24	-Have a scheduled day of the month to prepare for fire drill practices. Keeping a reminder on my phone or calendar.
49.(a)(1)	PCG bought non-slip bath mat and placed in the client's shower room on the next day of inspection.	5/2/24	-CCFFH will use non-slip bath mat in clients' bathroom. PCG will inspect the house every other day to ensure the foster care home is well equipped and safe for the clients.
49.(a)(4)	2 bicycles removed outside the living door emergency exit.	5/2/24	-To never put anymore bicycles/ objects on any emergency exit area.
49.(c)(3)	Potts and household items removed away from the Client #1 window on the day of inspection.	5/1/24	-To never put anymore pots/ household items that blocking fresh air from circulating inside client's bedroom.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 5/23/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: _____

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

PCG's Name on CCFFH Certificate: Blessing Faith Sebastian, CNA
(PLEASE PRINT)

CCFFH Address: 3379 Likini St. Honolulu HI 96818
(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?
50.(a)	SCG #2, SCG#3, SCG#4, & SCG#5 emergency preparedness plan training were misplaced. Completed evidence of emergency preparedness plan filed to CCFFH binder.	5/2/24	-PCG ensuring that home shall have emergency preparedness plan with evidence of all caregivers having been trained by double checking that forms are in CCFFH binder by using checklist.
54(c)(2)	Client#1's Service plan dated 1/6/24 completed by POA's signature on 5/18/24.	5/18/24	-Call POA to sign ASAP by stopping by the CCFFH after the day service plan was given.
54(c)(5)	PCG/SCG will complete signed clients medication administration record immediately. Sign and date the (MAR) to indicate that the medication was given.	5/1/24	-Home will make sure check and review all clients medications daily to make sure it has been completely documented by scheduled caregivers.
54(c)(6)	ADL'S daily flowsheet in client#1 completed.	5/1/24	-Document daily on client's chart.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 5/23/24

CTA has reviewed all corrected items