

Foster Family Home - Deficiency Report

Provider ID: 1-220062

Home Name: Heribert Basilio, CNA

Review ID: 1-220062-5

48 Dole Road

Reviewer: Ryan Nakamua

Wahiawa

HI 96786

Begin Date: 5/14/2024

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: 5/14/2024).

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 documentation provided by CCFFH of RN delegation of nasal spray administration by client #1's case management agency for all caregivers.

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

47.(d) Use of physical or chemical restraints shall be:

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

Comment:

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



Compliance Manager



Primary Care Giver

5/14/24
Date
5/14/24
Date

CTA RN Compliance Manager: Ryan Nakamura

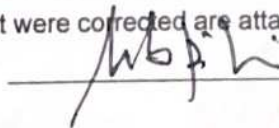
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Heribert Basilio
(PLEASE PRINT)

CCFFH Address: 48 Dole Road Wahiawa HI, 96786
(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?
43.(c)(3)	RN delegation of nasal spray administration by client #1's case management agency for all caregivers was done. It was placed into the client record.	5/14/24	CCFFH will notify client's CMA that RN delegation needs to be done for specific medication of client.
47.(d)(1)	Obtained a copy of physician order for use of bed side rails for client #1. It was placed into the client record.	5/14/24	CCFFH will keep a copy of physician's order into client's binder. CCFFH will keep a checklist for all items to be done on admission for a client.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 05/15/2024

CTA has reviewed all corrected items