

# Foster Family Home - Deficiency Report

Provider ID: 4-190008

Home Name: Jovie Jane Rabe, RN

Review ID: 4-190008-10

380 Kuualoa Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 4/17/2024

## 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 via email following CCFFH inspection with written plan of correction due to CTA by 5/18/24.

42. The CCFFH did not have evidence that a signed 1147 was present in the chart for client #1.

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

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

Comment:

8.(a)(2) - The CCFFH did not have evidence that HHM#2 and HHM#3 had a current APS/CAN report. Results on file expired 2/7/24.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.

Comment:

41.(b)(8) - The CCFFH did not have evidence that CG#2 had completed first aid training. Certificate on file was for BLS only.

41.(c) - The CCFFH did not have evidence that CG#1 and CG#2 had completed the required number of inservice training hours in 2023. CG#1 had evidence of 6 hours completed out of 12 required. CG#2 had evidence of 6 hours completed out of 8 hours required.

# Foster Family Home - Deficiency Report

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:

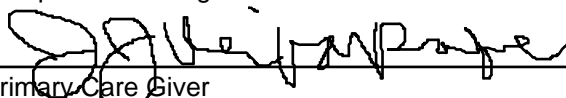
54.(c)(2) - The CCFFH did not have evidence that client #1's most recent service plan from 2/2024 had been reviewed with the client/client's representative. No client signature was noted on the signature page of the service plan.

54.(c)(2) - The service plan had not been customized to the needs of the client. The March 2024 RN visit note stated that the client's blood pressure should be checked twice a day and a log kept. This was not included on the service plan, and CG#2 indicated that blood pressure was being checked daily only. The January 2024 RN visit note stated that the client was at high risk for skin breakdown and to ensure that the specialty mattress was working. This was not included on the service plan which was reviewed in February 2024. Client #1 did not have a specialty mattress in place, nor was there a PCP order for a specialty mattress. Per CG#2, client #1 is ambulatory with an assistive device and is able to reposition herself in bed and in a chair.

54.(c)(5) - The CCFFH did not have evidence that the PCP orders, MAR, and prescription bottles matched for client #1. Order for Famotidine and the prescription bottle indicate 10 mg daily and the MAR indicates 20 mg daily. A probiotic had been ordered on 4/15/24 and had not been added to the MAR.



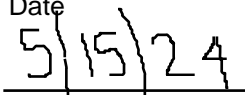
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Jovie Jane Rabe

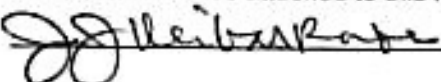
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CCFFH Address: 380 Kuualoha Street, Kahului, HI 96732

(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?
42	Signed 1147 obtained and placed to client's chart.	5/10/24	CG#1 will use table calendar to ensure 1147 will be secured on a timely manner.
8.(a)(2)	PCG disclosure form completed due to HHM#2 and HHM#3 move in to the Philippines and they were not able to complete APS/CAN requirement on due date.	5/4/24	CG#1 will complete PCG disclosure form when a household member moved out and unable to complete required APS/CAN on due date.
41.(b)(8)	CG#2 completed first aid training, certificate placed on file.	4/21/24	CG#1 will look on required training to ensure first aid training completed.
41.(c)	CG#1 and CG#2 required number of inservice training hours in 2023 cannot be corrected.	5/4/24	Home will record training hours completed every inservice training, compute total hours completed to prevent missing hours and ensure required training hours completed yearly.
54.(c)(2)	Client #1 most recent service plan reviewed and signed by client's representative.	4/23/24	CG#1 will look on the service plan after being reviewed to ensure client's representative signed it.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 5/15/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Jovie Jane Rabe

CCFFH Address: 380 KUUALOHA STREET, KAHULUI, HI 96732  
(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?
54.(c)(2)	Client #1 blood pressure checked twice daily and log kept as ordered by cardiologist on 3/12/24. CMA notified pt not on specialty mattress.	4/19/24	CG#1 will look and read doctor's order every clinic visit to prevent missing important orders. Home will notify CMA of new orders. CG#1 will read also CMA notes and notify CMA if different details noted.
54.(c)(5)	PCP updated medication list of client. MAR corrected and updated by CG#1. CMA notified of the updated prescription by PCP.	5/15/24	CG#1 will look at all medication administration records and bottles to ensure they both match every time before giving a medication to client. Home will notify CMA, pharmacy and/or doctor if they are different.

All items that were corrected are attached to this POC

PCG's Signature: Jovie Jane Rabe

Date: 5/15/24

CTA has reviewed all corrected items