

Foster Family Home - Deficiency Report

Provider ID: 1-561226

Home Name: MaryAnn Barrientos, CNA

Review ID: 1-561226-15

94-795 Nolupe Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 5/13/2024

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 5/13/2024).

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(e): No evidence provided by CCFFH of CG#4 approved to be a substitute caregiver for 3 bed CCFFH. Documents show that CG is approved only for 2 bed CCFFH.

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 given by client #1 and client #2's case management agency for O2 administration and oral suctioning.


Foster Family Home Records [11-800-54]

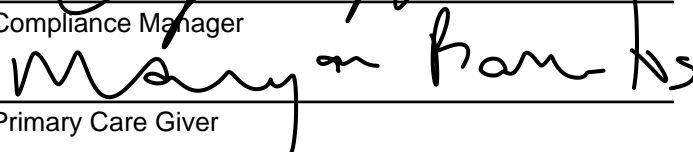
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

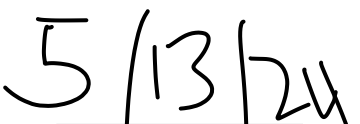
54.(c)(2): No documentation provided by CCFFH of current service plan for client #1 addressing that client is under hospice services and uses oxygen and oral suctioning as needed.

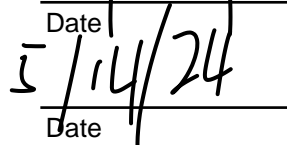
54.(c)(2): No documentation provided by CCFFH of current service plan for client #2 addressing that client uses oxygen and oral suctioning as needed.



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: Maryann Barrientos

(PLEASE PRINT)

CCFFH Address: 94-795 Nolupe St. Waipahu, HI 96797

(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.(e)	Substitute caregiver was removed.	5/13/24	Home will check and review that substitute caregivers have all the requirements to be qualified to take care clients in the home using a checklist.
43.(c)(3)	Delegations for oxygen and suction administration were made by client's CMA.	5/15/24	Home will check and review all new orders for client care, and notify RN, CM so that all delegations for client care and services are provided and available for all caregivers in the home using a checklist.
54.(c)(2)	Current service plan for client #1 and client #2 were provided by client's CMA	5/15/24	Home will check and review that service plan for clients are updated using a checklist.

All items that were corrected are attached to this POC

PCG's Signature: Maryann Barrientos

Date: 07/01/2024

CTA has reviewed all corrected items