

# Foster Family Home - Deficiency Report

Provider ID: 1-140054

Home Name: Shella Gem P. Pammit, CNA

Review ID: 1-140054-15

94-441 Kuahui Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 5/31/2024

## 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 5/31/2024).

## 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 of delegation by client #1's case management agency of administering oxygen, oral suctioning, and nebulizer treatment for CG#1 and CG#2.

## Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): No documentation of written acknowledgement/consent of camera/monitor in client #2's bedroom signed by client.

## Foster Family Home Records [11-800-54]


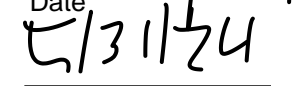
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2): Current service plan provided by CCFFH for client #1 did not address oxygen administration, oral suctioning, and nebulizer treatment, hooyer lift transfers, thickened liquids, and puree diet.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: \_\_\_\_\_

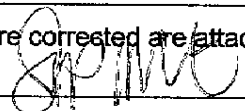
**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Shella Gem R. Pammit  
(PLEASE PRINT)

CCFFH Address: 94-441 Kuahui Street 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?
43.(c)(3)	RN delegation for oxygen, oral suctioning, and nebulizer was done for CG#1 and CG#2 by the client CMA. It was placed into the client record.	6/25/24	Home will notify client CMA that needs to be done before using the equipment. Home will use reminder sheet
53.(b)(9)	Acknowledgement/consent of camera/monitor was obtained for client#2 and sign by the client. It was place into the client's record.	6/10/24	Home will use reminder sheet and placed it in Home record to always provide consent before putting the camera/monitor into clients room.
54.(c)(2)	Service Plan for client#1 was updated by the CMA. It was place into clients record.	6/25/24	Home will notify CMA that needs to update service plan if there's any changes. Home will use reminder sheet

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 6-28-24

CTA has reviewed all corrected items