

Foster Family Home - Deficiency Report

Provider ID: 1-210072

Home Name: Donna Sapaden, NA

Review ID: 1-210072-11

86-140 Leihoku Street

Reviewer: Po Lim

Waianae HI 96792

Begin Date: 7/22/2024

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/22/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, CG#2, and CG#3. CG#1, #2, #3 TB clearance expired and was due on/before 8/11/2023, no new on file.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#3. It was due on/before 11/30/2023. No renew on file.

Foster Family Home Records [11-800-54]

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)(5) MAR was not documented daily for Client #2. Sheet not completed from 7/11/2024 to 7/22/2024.

54(c)(6) ADL flowsheet was not documented daily for Client#2. Sheet not completed from 7/11/2024 to 7/22/2024.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: PO Lim

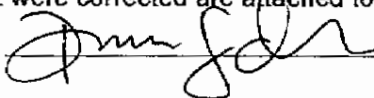
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Donna Sapaden
(PLEASE PRINT)

CCFFH Address: 86-140 Leihoku St. Waianae, HI, 96792
(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.b.7	2024 TB clearance was obtained for CG #1, CG #2, CG #3. It was placed into home record.	7/29/24	PCG will note on a calendar reminder on laptop when clearance are due to prevent expiring. PCG will also remind other CG when it is due a week before.
41.b.8	Evidence of current CPR/First Aid Training for CG #3 was found and placed in home record.	7/22/24	PCG will look at home records folder every month to organize look for any misplaced documents in folder. PCG will also set reminder notes every month on calendar.
54.C.5	MAR document was completed for client #2 and placed in client #2 record.	7/22/24	PCG and other caregiver will make sure to sign off on MAR daily. PCG will make sure to check client records every after meals when Medication is given.
54.C.6	ADL document was completed for client #2 and placed in client #2 record.	7/22/24	PCG and other caregiver will each remind to do daily on the ADLs. PCG will make sure to check every day or end of the day to check client records.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 8/8/2024

CTA has reviewed all corrected items