

Foster Family Home - Deficiency Report

Provider ID: 4-170048

Home Name: Judy Lapuebla, NA

Review ID: 4-170048-13

5 Puakala Place

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/22/2024

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued via email following the CCFFH inspection with written plan of correction due to CTA within 30 days of issuance.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1) - CG#3 did not have evidence of a completed fingerprint. Results from 1/30/24 fingerprint, APS/CAN were still pending.

8.(a)(2) - Lapse in APS/CAN results for CG#2. APS/CAN was due on 12/22/23 and was obtained on 12/29/23.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

16.(c) Information about an applicant or recipient shall not be used or disclosed unless;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

16.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

16.(b)(3) - The CCFFH did not have evidence that client #1 had been informed about their privacy rights.

16.(c), 16.(c)(1), 16.(c)(2) - The CCFFH did not have evidence of a consent form signed by client #1, nor have evidence that client #1 has authorized in writing the use or disclosure of applicant information.

Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(2) Be a NA, an LPN, or RN;
- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 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.(a)(2) - CG#1 did not have evidence of a current CNA certificate. Copy of certificate on file expired in 2015.
- 41.(b)(4) - The CCFFH did not have an up-to-date CG disclosure form for CG#1. Number of HHMs was not accurate.
- 41.(b)(7) - The CCFFH did not have evidence of a current TB clearance for CG#3.
- 41.(b)(8) - Lapse in CPR/First Aid recertification for CG#1 and CG#2. CPR/FA renewal was due 1/24 and was completed on 2/13/24.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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) - The CCFFH did not have evidence that CG#2 and CG#3 had received RN delegations for client #1.

Foster Family Home	Grievance	[11-800-45]
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- 45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
 - 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
 - 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
 - 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

- 45., 45.(1), 45.(2), 45.(3) - The CCFFH did not have evidence that client #1 had been provided with a copy of the CCFFH grievance policy.

Foster Family Home	Fire Safety	[11-800-46]
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- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

- 46.(a) - The CCFFH did not have evidence that a fire drill was completed monthly. No evidence that a fire drill was conducted in March 2024 or April 2024.

Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c) - The CCFFH did not have evidence of a list of side effects of medications was available for client #1.

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(1) The primary or substitute caregiver shall follow appropriate preventative maintenance procedures for equipment and devices used in the care of clients;

Comment:

49.(c)(1) - The CCFFH did not have evidence that hot water was operational in the client's bathroom sink. CG#1 indicated that there was a leak under the sink so the hot water tap was turned off.

Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a) - The CCFFH did not have evidence that client #1 had been provided with a copy of the CCFFH policy and procedure regarding client's rights.

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;

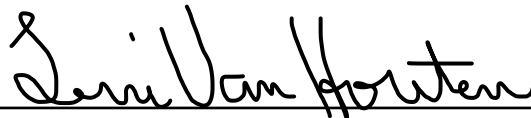
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

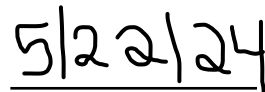
54.(c)(2) - The service plan for client #1 did not address areas of high-risk including risk for skin breakdown and pain management.

54.(c)(5) - Discrepancies noted on between the MAR, the MD Orders and the prescription bottle for four (4) medications. Discrepancies noted in the frequency and dose as compared to the most recent doctor's orders.

54.(c)(6) - Client #1's service plan indicates that pain should be assessed using the pain scale when pain medication is administered, and the response to medication following administration. The CCFFH did not have evidence that the pain scale was being documented nor the effect of the pain medication following administration.



Compliance Manager



Date

Primary Care Giver

Date

Foster Family Home - Deficiency Report

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

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c) - The CCFH did not have evidence of a list of side effects of medications was available for client #1.

Foster Family Home Physical Environment [11-800-49]

49.(c)(1) The primary or substitute caregiver shall follow appropriate preventative maintenance procedures for equipment and devices used in the care of clients;

Comment:

49.(c)(1) - The CCFH did not have evidence that hot water was operational in the client's bathroom sink. CG#1 indicated that there was a leak under the sink so the hot water tap was turned off.

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

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a) - The CCFH did not have evidence that client #1 had been provided with a copy of the CCFH policy and procedure regarding client's rights.

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;

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;

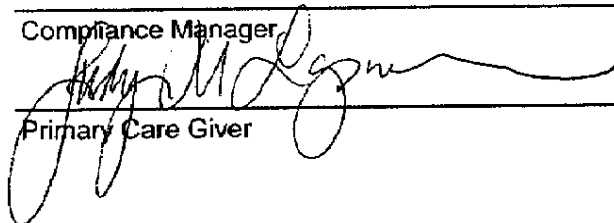
Comment:

54.(c)(2) - The service plan for client #1 did not address areas of high-risk including risk for skin breakdown and pain management.

54.(c)(5) - Discrepancies noted on between the MAR, the MD Orders and the prescription bottle for four (4) medications. Discrepancies noted in the frequency and dose as compared to the most recent doctor's orders.

54.(c)(6) - Client #1's service plan indicates that pain should be assessed using the pain scale when pain medication is administered, and the response to medication following administration. The CCFH did not have evidence that the pain scale was being documented nor the effect of the pain medication following administration.

Compliance Manager



Primary Care Giver

Date

6/24/2024

Date

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Judy Lapuebla

(PLEASE PRINT)

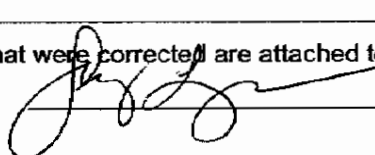
CCFFH Address: 5 Puakala Place Kahului, HI 96732

(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?
6.(d)(1)	Plan of correction submitted within 30 days of issuance	6/22/2024	Submit POC within 30 days of issuance
8.(a)(1)	Results from fingerprinting still pending	6/24/2024 8/7/2024	Will follow up with Fieldprint for update if results not received in timely fashion, and provide results when received.
8.(a)(2)	Lapse can not be corrected	12/29/24 8/7/2024	CCFFH will use calendar on cell phone to put all due dates on. Background checks will be done 1 month before due date to prevent future lapse.
16.(b)(3)	Client #1 has been discharged. Can not be corrected.	6/03/2024	CCFFH will issue home contract to include privacy rights for all new clients upon admission. CCFFH will use a checklist for new clients.
16.(b), 16.(c) (1), 16. (c)(2).	Client #1 has been discharged. Can not be corrected	6/03/2024	CCFFH will issue home contract to include consent and disclosure form for all new clients upon admission. CCFFH will use a checklist for new clients to ensure contract is signed and issued to new clients.
41. (a)(2)	CG #1 is an NA	6/24/2024	CCFFH will use calendar on phone to put all due dates and review documents/certifications, and will notify CTA of any changes in status.
41.(b)(4)	Updated disclosure form with correct number of HHM's	6/22/2024	Will update disclosure form in the future for any changes in number of HHM's.

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: _____

6/24/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

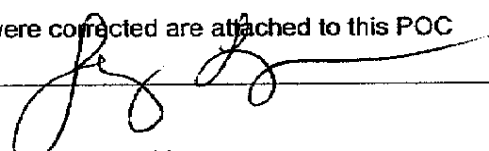
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Judy Lapuebla
(PLEASE PRINT)

CCFFH Address: 5 Puakala Place 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?
41.(b)(7)	CG#3 obtained TB clearance on 6/20/2024.	6/20/2024	CCFFH will use calendar on cell phone to put all due dates on. TB test will be done 2 weeks before due date to prevent lapse
41.(b)(8)	Lapse can not be corrected	2/13/2024	CCFFH will use calendar on cell phone to put all due dates on. CPR/First aid recertification will be done 2 weeks before due date to prevent lapse.
43.(c)(3)	Client #1 has been discharged. Can not be corrected	6/03/2024	CCFFH will notify CMA that RN delegations need to be done within 14 days of new clients and/or caregivers.
45., 45.(1), 45.(2), 45.(3)	Client #1 has been discharged. Can not be corrected.	6/03/2024	CCFFH will issue home contract to include grievance policy to new clients. CCFFH will use a checklist for new clients to ensure contract is signed and issued to new clients.
46.(a)	Drills for March and April 2024 can not be corrected.	5/05/2024	CCFFH will use calendar on cell phone to put reminder to conduct fire drill on 5th of each month
47.(c)	Client #1 has been discharged. Can not be corrected	6/03/2024	List of side effects for medications will be kept on file in binder for all future clients. CCFFH will use a checklist for new clients to ensure side effects sheet is on file.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 6/24/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Judy Lapuebla
(PLEASE PRINT)

CCFFH Address: 5 Puakala Place 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?
49.(c)1	Hot water leak has been repaired in bathroom and hot water from tap is now operational	6/1/2024	CCFFH will check for leaks monthly for preventative maintenance, and will repair in a timely fashion to prevent disruption of hot water in bathroom sink.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 6/24/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

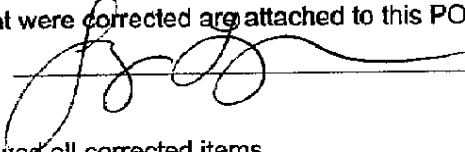
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Judy Lapuebla
(PLEASE PRINT)

CCFFH Address: 5 Puakala Place 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?
53.(a)	Client #1 has been discharged. Can not be corrected.	6/03/2024	CCFFH will provide home contract to include written policies and procedures to all future clients and copy provided to client. CCFFH will use a checklist for new clients to ensure contract is signed and issued to new clients.
54. TV 53.(c) (2), 53(c) (5), 53(c) (6)	Client #1 has been discharged. Can not be corrected	6/03/2024	CCFFH will include areas of high risk for skin breakdown and pain mgmt if applicable for future clients in service plan. CCFFH will notify CMA to include in service plan within 2 weeks of admission. CCFFH will use MD orders to match MAR for all future clients. CG #1 will look at all the medication records and bottles to verify they both match before offering meds. CCFFH will also notify CMA of any changes by MD. CCFFH will use pain scale when pain medication administered and the response to medication following administration for all future clients will be charted in client file. CCFFH will use a checklist for new clients to ensure contract is signed and issued to new clients.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 6/24/24

CTA has reviewed all corrected items