

Foster Family Home - Deficiency Report

Provider ID: 4-589335

Home Name: Lorenza Torres, CNA

Review ID: 4-589335-19

11 Hoomoku Loop

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/15/2024

Foster Family Home	Required Certificate	[11-800-6]
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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 issuance.

42. The CCFFH did not have evidence of a current 1147 for each client. Client #1 did not have an 1147 on file. Client #2's 1147 expired on 12/1/23.

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

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.(b)(4) - CG#4 did not have evidence of a CG disclosure form.

41.(c) - The CCFFH did not have evidence that CG#1, #2, #3 and #4 had completed 12 hours of inservice training in 2023. CG#1, #2, #3 completed 4 hours only. CG#4 had completed 11 hours of inservice training.

41.(e) - The CCFFH did not have evidence of the SCG approval forms for CG#3 and #4.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff - CG#4 did not have evidence of a current NATCEP training certificate or evidence of work experience in a home care setting. The CG approval certificate on file is for 2 clients only.

Foster Family Home - Deficiency Report

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) - The CCFFH did not have evidence that all CGs had received RN delegations for client #2 and client #3. RN delegations were not signed by CG#4 for client #2. RN delegations were not signed by CG# 3 for client #3.

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - The CCFFH did not have evidence that a fire drill was being conducted monthly. No fire drill record was present for February 2024 and March 2024.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

47.(b) - The CCFFH did not have evidence that CGs were receiving regular monitoring for the medication that were required for client #1 and #2. Medication discrepancies were noted for each client.

Foster Family Home

Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) - The CCFFH did not have evidence that a written accounting of the client's personal needs allowance (PNA) received and expended on the client's behalf was being maintained. Client #3 did not have documentation indicating who was responsible for the PNA.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - The CCFFH did not have evidence that a fiscal record was being maintained that reflected funds received and expenditures related to the CCFFH's operation.

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 service plan for client #3 did not adequately address areas of risk. Client #3 was receiving anticoagulants and was at high risk for development of embolisms and at risk for bleeding and injury. This condition was not reflected in the client's service plan.

54.(c)(5) - The CCFFH did not have evidence that the medication schedule checklist was being accurately maintained for client #1 and client #2.

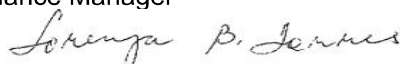
Client #1 - There was an over-the-counter medication being stored with the client's medications that did not have a physician's order. An after visit summary (AVS) dated 3/6/24 included orders for [REDACTED] [REDACTED] every other day and [REDACTED] 2 mg twice daily as needed. Neither medication was present at the CCFFH nor included on the MAR.

Client #2 - Orders were present for administration of [REDACTED] and [REDACTED]. Neither medication was present at the CCFFH nor included on the MAR. A physician's order for [REDACTED] was ordered on 2/9/24. The February 2024 MAR indicated that [REDACTED] had been discontinued. A physician's order for [REDACTED] ointment was present from 11/1/23. There was no evidence on the November MAR that the [REDACTED] ointment had been initiated and applied. There was no evidence that the [REDACTED] ointment had been discontinued and was not present on the current MAR.

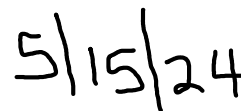
Client #3 - Client's medications were being stored in a daily administration cassette. Use of the daily administration cassette is not authorized for this client.



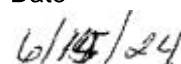
Compliance Manager



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: Lorenza Torres
(PLEASE PRINT)

CCFFH Address: 11 Hoomoku Loop, 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	CCFFH contacted each agency regarding 1147.	5/29/24	CCFFH will communicate with the agency. Home will create spreadsheets to ensure that each client has all required paperworks.
41.(b)(4)	Home contacted CG#4 to sign the disclosure form.	5/29/24	Home will use reminder notes and spreadsheets to ensure that all CG's have signed and received required documents.
41.(c)	Home contacted all CG's about training and hours needed to be done.	06/03/24	Home will check files for each CG regularly and contact if any training needs to be done.
41. (e)	Home contacted CG # 3 & #4 to sign an approval form for evidence in file.	6/03/24	Home will ensure that approval forms for each CG will be up to date and fixed in files and checked regularly using reminders when due dates are approaching.
(3P)(a)(4)	Home temporarily took off CG #4 until approved certificates are obtained for 3 clients.	6/03/24	Home will create spreadsheets for each CG to ensure that CG's are approved for CCFFH's housing.
43.(c)(3)	CCFFH contacted CMA RN to complete delegations with CG's. RN delegations were then signed.	5/25/24	Home will regularly check CG's spreadsheets to know that updated RN delegations are in file and signed by all CG's .
(3P)(b)(1)	Fire drills that were missed were conducted.	6/03/24	Home will regularly have reminders to ensure that no fire drill will be missed and will be conducted by home, then kept in evidence binder.
47. (b)	Home contacted CMA RN and corrections were made. CG's are now receiving monitoring when handling medications.	5/24/24	Home will create reminders that CG's need to be regularly monitoring medications.

All items that were corrected are attached to this POC

PCG's Signature: Lorenza B. Torres

Date: 6/14/24

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: Lorenza Torres
(PLEASE PRINT)

CCFFH Address: 11 Hoomoku Loop, 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?
48.(a)	CCFFH is not responsible for the PNA. This cannot be corrected by CCFFH.	6/03/24	Home will contact family if certain paperwork is missing and go over PNA.
52.(b)	CCFFH ensured that fiscal records are to be completed every month.	6/03/24	Home will ensure that fiscal records are maintained and kept for each month and funds by utilizing spreadsheets.
54.(c)(2)	Home contacted CMA RN to go over service plan for client #3 to ensure that everything is corrected and there are no area of risks.	5/28/24	Home will regularly check service plans and make sure they are up to date, if not home will contact CMA RN to make corrections .
54.(c)(5)	Home ensured that medications were maintained for client #1 & #2 and were accurate. For client #1, CMA RN corrected the medication checklist. For client #2, miscommunication happened between doctor and client, CCFFH and client called doctor and cleared up miscommunication , medication list was fixed. For client #3, medication list was gone over with all cg's and medications are no longer being held in a daily cassette.	5/24/24	Home will continuously create reminders to check records and medication regularly to ensure that they match and if not, home will contact the agency. Home will check and follow if clients are not authorized for using daily administration cassettes.

All items that were corrected are attached to this POC

PCG's Signature: Lorenza B. Torres

Date: 6/15/24

CTA has reviewed all corrected items