

Foster Family Home - Deficiency Report

Provider ID: 4-160064

Home Name: Preciosa Rojas, CNA

Review ID: 4-160064-15

547 Kaulana Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/10/2024

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 via email following the CCFFH inspection with written plan of correction due to CTA within 30 days of issuance.

CG #1 is requesting to decrease to 2 beds.

42. The CCFFH did not have evidence of a current 1147 for client #1 and client #2.

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. Last documented fire drill was completed in December 2023.

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 of a written accounting of the personal needs allowance (PNA) expended on the client's behalf for client #2. No documentation present indicating who was responsible to manage the client's PNA.

Foster Family Home Records [11-800-54]

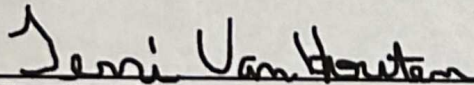
54.(c)(5) Medication schedule checklist;

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:

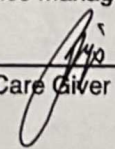
54.(c)(5) - The CCFFH did not have evidence of daily documentation on the MAR for client #1 and client #2. There was no documentation of medications administered between 2/20/24 through 2/29/24.

54.(c)(6) - The CCFFH did not have evidence of daily documentation on the ADL flow sheet for client #1. There was no documentation of ADLS provided between 2/20/24 through 2/29/24.



Compliance Manager

5/15/24
Date



Primary Care Giver

5-15-24
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: PRECIOSA ROJAS
(PLEASE PRINT)

CCFFH Address: 547 KAULANA ST KAHULUI HAWAII 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.	1147 for client #1 and #2 was obtained, placed in the binder	5/10/24	Each Patient binder will check thoroughly, will put sticky note reminding with missing documents that needed to update on top of patient binder, will call Casemanager right away when documents are not up to date.
(3P)(b)(1)	Files of fire drills from the month of January to April 2024 was found, placed in the binder. Send via text message to [REDACTED] a copy.	5/10/24	To prevent this lapse in recurring again, PCG will set monthly fire drill dates to be conduct each month, note placed in front of the refrigerator to remind schedules for fire drills, documents to comply will directly place to the binder.
48.(a)	A copy of CCFFH Contract Agreement was secured via email from the POA of client #2, placed in the binder. Send via text message to [REDACTED] a copy.	5/10/24	Will set schedule with the POA's to come sign the contract personally. Sticky note with dates needed to update, renew documents will place on top of each clients binder.
54.(c)(5)	A complete documentation of MAR month of February 2024 for client #1 and client #2 was secured. Placed in the binders of each clients. Send via email to [REDACTED]	5/15/24	To prevent this lapse in recurring, a clip board with Med log form and Flow sheet will be place on patient bed side table, so each med pass will be sign right away.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 6-17-24

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: PRECIOSA ROJAS
(PLEASE PRINT)

CCFFH Address: 547 KAULANA ST KAHULUI HAWAII 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?
54.(C)(6)	A complete documentation of ADL flow sheet month of February 2024 for client #1 was secured. Placed in the binder. Send via email to [REDACTED]	5/15/24	To prevent this lapses in recurring, clip board with Flow sheet and Med Log will be place on patient bed side table, so after rendering care with each client documentation as follows.

All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 6/17/24

CTA has reviewed all corrected items