

# Foster Family Home - Deficiency Report

Provider ID: 1-160083

Home Name: Alwyn Bonoan, CNA

Review ID: 1-160083-14

1419 Kokea Street

Reviewer: Ryan Nakamura

Honolulu

HI 96817

Begin Date: 9/4/2024

## 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: 9/4/2024).

## 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;

Comment:

8.(a)(1): Evidence of lapse of 2 consecutive years of background checks for CG#2. 2nd year's background check was due 5/28/2024 and was completed on 8/15/2024.

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

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No documentation provided by CCFFH that CG#4 completed CCFFH's confidentiality/privacy training.

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

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).

Comment:

41.(b)(4): No documentation provided by CCFFH of substitute caregiver disclosure form completed by CG#4.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(3) Staff A current Licensed Practical Nurse license plus one year of experience in a home setting. If the license is expiring within the next 30 days, evidence of a new license 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, or;

Comment:

(3P)(a)(3) Staff: No documentation provided by CCFFH of minimum 1 year work experience for CG#4.

# 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): No documentation provided by CCFFH of RN delegation for any tasks for CG#3 by client #2's case management agency. No RN delegation for nasal spray medication and skin patch administration for all caregivers. No signature present by client #2's case management RN.

3 Person Fire Safety,  
Natural Disaster

3 Person Fire Safety

(3P) Fire

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

(3P)(b)(5) Fire shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants

Comment:

(3P)(b)(1)(6): No documentation provided by CCFFH of a fire drill conducted monthly from 1/2024 to 5/2024.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No documentation provided by CCFFH of physician order for use of bed side rails for client #1.

Foster Family Home

Records

[11-800-54]

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;

54.(c)(8) Personal inventory.


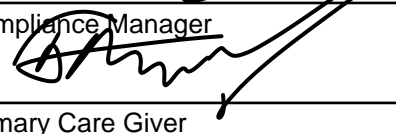
Comment:

54.(c)(5): No documentation provided by CCFFH of current month's medication administrative record (MAR) for client #1 and #2.

54.(c)(5): Multiple discrepancies noted in client #1's medications on hand compared to MAR. 2 medications had dose discrepancies, 1 medication did not match medication labeled in MAR, and 1 medication not on supply.

54.(c)(6): No documentation provided by CCFFH of current month's skilled nursing checklist or flowsheets for client #1 and #2.

54.(c)(8): No documentation provided by CCFFH of personal inventory of belongings for client #1, #2, and #3.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
9/4/24  
\_\_\_\_\_  
Date  
9/4/24

CTA RN Compliance Manager: RYAN NAKAMURA

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

PCG's Name on CCFFH Certificate: ALWYN BONOAN

*(PLEASE PRINT)*

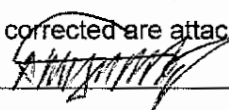
CCFFH Address: 1419 KOKEA ST. HONOLULU HI 96817

*(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?
8.(a)(1)	CG#2-Lapse cannot be corrected.	9/4/24	Home will use a wall calendar to put all due dates on. Background checks will be done at least 2 weeks before due date to prevent future lapses.
16.(b)(5)	CG#4 Confidentiality/Privacy training was obtain and it was placed into home record.	9/14/24	CG #1 ensure that all CGs and household members to be trained and educated and sign the form being provided. Home will use checklist to ensure all required forms are completed.
41.(b)(4)	CG#4 Substitute caregiver disclosure form was obtained and it was placed into home record.	9/14/24	CG #1 will ensure that all CGs have disclosure form completed and up to date. Home will use checklist as a reminder.
(3P)(a) (3) staff	CG#4 Obtained a proof that a minimum of 1 year experience noted. It was placed into personal binder.	9/4/24	Home will ensure all CGs have completed a job experience form or documentation of work experience.CG#1 will use checklist as a reminder.
43(c)(3)	RN Delegation was done for CG#3 by the client #2. RN delegation was done for CG#1,CG#2,CG#3,CG#4 by the client #2 for nasal spray medication and skin patch administration.	9/23/24	Home will notify clients CMA that RN delegation needs to be done within 5 days of a CG being added to home.
(3P)(b) (1)(6)	Monthly fire drill was done in September 4 2024 @ 6pm. Form has been put into home binder.	9/4/24	Monthly fire drill will be done and each CG at least once per year. Home will set a schedule in the 1st day of each month to conduct fire drill.

All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_



Date: 10/02/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: RYAN NAKAMURA

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

PCG's Name on CCFFH Certificate: ALWYN BONOAN

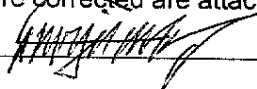
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CCFFH Address: 1419 KOKEA ST. HONOLULU HI 96817

*(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?
47.(d)(1)	CG#1 was obtained the PCP order for use of bed side rail for client #1. it was place into client chart.	9/9/24	In the future, a written MD order will be obtain for any clients. Home will use checklist as a reminder.
54.(c)(5)	Completed current month medication administrative record for Client #1, Client #2. it was placed into client chart.	9/4/24	CG #1 will sign the medication administration record after giving the medication.
54.(c)(5)	Client #1 Medication discrepancy was corrected by clients CMA, MD and CG #1 on clients Medication Administration Record.	9/4/24	CG #1 will look all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy and/or doctor if they are different.
54.(c)(6)	Completed current months skilled nursing checklist or flowsheet for client #1, client #2	9/4/24	Documents daily on clients chart. Home will use checklist as a reminder.
54.(c)(8)	Completed the personal inventory of belongings for client #1, client #2, client #3. it was placed into client chart.	9/4/24	CG #1 will take the inventory of all personal items as the clients get settled within the home. Home will use checklist as a reminder.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/02/24

CTA has reviewed all corrected items