

Foster Family Home - Deficiency Report

Provider ID: 1-569676

Home Name: Jedeliah Felix, CNA

Review ID: 1-569676-16

2730 Kalihi Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 9/6/2024

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: 9/6/2024).

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): No documentation provided by CCFFH of current service plan for client #3. CCFFH attempted to obtain service plan from client's case management during inspection, but none was available.

54.(c)(5): No current month's medication administrative record (MAR) for client #3.

54.(c)(6): No evidence of daily documentation provided by CCFFH of skilled nursing skilled check list for client #3 since 8/28/2024.



Compliance Manager

Primary Care Giver

9/6/24

Date
9/6/24

Date

CTA RN Compliance Manager: Ryan Nakamura RN


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

PCG's Name on CCFFH Certificate: Jedeliah Felix CNA
(PLEASE PRINT)

CCFFH Address: 2730 Kalihi St. Honolulu HI 96819
(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)(2)	This violation was fixed by contacting my RN CM and notifying them of the missing service plan. The RN CM provided a current service plan for client #3 and is in the client's chart for review.	9/18/2024	To prevent this violation from happening again, I shall review my client's chart and service plan at admission and monthly to ensure it is present and up to date. If it is not present or not current, I shall notify my RN CM immediately.
54.(c)(5)	This violation was fixed by obtaining a MAR for client #3 and completing the MAR up to date. The MAR was placed in the chart for review.	9/18/2024	To prevent this from happening again, I shall have extra copies of my client MARs on hand to have for documentation. I have posted a reminder notice on my wall and counseled my substitute caregivers to document on the MAR at the time of administration to ensure accuracy.
54.(c)(6)	This violation was fixed by documenting going forward the nursing skills for client #3 on the flowsheet.	9/18/2024	To prevent this from happening again, I have posted a reminder notice to document daily the nursing skills and also counseled my substitute caregivers to document the skills daily to ensure accuracy and proper documentation into the medical record.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 9-18, 2024
JR

CTA has reviewed all corrected items