

Foster Family Home - Deficiency Report

Provider ID: 1-230093

Home Name: Ligaya Reyes, CNA

Review ID: 1-230093-3

98-1489 Hoomahie Loop

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 9/16/2024

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 during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 9/16/2024).

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 evidence provided by CCFFH of CG#3 completed confidentiality/privacy training.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): Evidence provided by CCFFH of lapse of TB clearance for CG#3. TB clearance was due by 2/24/2024 and completed on 9/13/2024.

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 evidence provided by CCFFH of RN delegations for O2 administration and rectal suppository medication administration given by client #1's case management agency for any caregivers.

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 side rails for client #1.

Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(a)(1) Sudden illness or accident;

50.(a)(2) Death;

50.(a)(3) Violent acts or abuse;

50.(a)(4) Natural disasters;

50.(a)(5) Fire; and

50.(a)(6) Power and telephone outage

Comment:

50.(a)(1)(2)(3)(4)(5)(6): No evidence provided by CCFFH of CCFFH's emergency preparedness plan.

Foster Family Home

Records

[11-800-54]

54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(3) Current copies of the client's physician's orders;

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

54.(c)(8) Personal inventory.

Comment:

54.(c)(2): No documentation provided by CCFFH of current service plan for client #1. No service plans were on file for CTA to review.

54.(c)(3): No documentation provided by CCFFH of current diet order for client #1.

54.(c)(5): Discrepancy of medication administrative record (MAR) and physician orders regarding 1 medication. Medication not listed in current month's MAR but no documentation of medication discontinued.

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



Compliance Manager



Primary Care Giver

9/16/24
Date
9/10/24
Date

9/16/2024 2:17:48 PM

CTA RN Compliance Manager: Ms. Terri Van Houten

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

PCG's Name on CCFFH Certificate: _____

CCFFH Address: 98-1489 Hoodahie Loop, Pearl City, 96782
(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#2 TB CLEARANCE was obtained. It was placed into CCFFH home record.	9/18/24	The Home will use the Calendar to input. All the due dates. Mark Calendar 1 month prior to renewal.
16(b)(5)	CONFIDENTIALITY TRAINING Completed Privacy training and Place into Home record.	9/18/24	PCG will make sure of acknowledgement of Privacy training within a day of being added
150(a)(1) (2)(3)(4) (5)(6)	EMERGENCY PREPAREDNESS PCG was completed this task using the CIVIL-DEFENCE Emergency Evaluation.	9/18/24	PCG was completed this task using the CIVIL-DEFENCE Emergency Evaluation.
47.(d)(1)	CLIENT #1 MD orders Signed by PCP to used side rails as needed and was completed for safety of the client. Copy given to Agency and file to Patients charts.	9/20/24	PCG will make sure to obtain signed MD orders for side-rails safety for the clients PCG will communicate to RN case management if there is something i dont understand about service plan or any orders.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 10-21-24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ms. Terri Van Houten

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

PCG's Name on CCFFH Certificate: LIGAYA REYES

CCFFH Address: 98-1489 Huomahie Loop, Pearl City, 96782
(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)(3)	Client #1 diet order. RN Hospice sign and place to client record.	9/20/24	PCG will make sure to obtain signed MD orders for clients diet. PCG will communicate to RN Case Management if there is something I don't understand about Service Plan or any orders.
43(c)(3)	RN delegation for Client #1 for administration of O2 & suppository medication. Caregivers provide training & sign. place into client #1 record.	9/18/24	Home will notify clients CMA that RN delegation needs to be done within a day of a clients being added by the physician order.
50(a)(1) (2)(3)(4) (5)(6)	PCG Provided a training with Caregivers and sign. place into home record.	9/18/24	PCG understand the rules. PCG will ensure the CCFFH will get done will place to home record.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 10-21-24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ms. Terri Van Hauten

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

PCG's Name on CCFFH Certificate: Ligaya Reyes
(PLEASE PRINT)

CCFFH Address: 98-1489 Hoomahie Loop, Pearl City, 96782
(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)	CMA provide a service plan for client #1. PCP sign and PCG sign w/date.	9/18/24	Home will use calendar to ensure the service plan are keep update. When requirements are due to prevent them from expiring or update the current document. PCG will inform CMA/RN to update 1 month before its due.
54(c)(5)	Medication discrepancy was corrected by client's CMA, MD and PCG on client's Medication Administration record.	9/18/24	PCG will look at all medication administration records every time and must have documentation. PCG will always have PCP order for discontinue of any medication. Home will immediately notify CMA for any changes to update the MAR.
54(c)(8)	Client #1 and Client #2 Personal belongings was done. place into client record.		PCG will make sure of admission day of the client must be done end of the day with acknowledgement of client or representative.

All items that were corrected are attached to this POC

PCG's Signature: *Ligaya Reyes*

Date: 10-21-24

CTA has reviewed all corrected items