

Foster Family Home - Deficiency Report

Provider ID: 1-230082

Home Name: Mary Jane Macadangdang, NA Review ID: 1-230082-3

94-1147 Kaloli Loop Reviewer: Maribel Nakamine

Waipahu HI 96797 Begin Date: 9/12/2024

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/12/24).

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 confidentiality policies and procedures and client privacy rights training present for CG#4.

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

41.(a)(1) Reside in the community care foster family home;

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.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(a)(1)- No written authorization present for CG#1 to operate a CCFFH in landlord's property.

41.(b)(4)- CG#4 without a Substitute Disclosure Form completed.

41.(g)- No Basic Skills Check completed for CG#4 in Client #1's chart/records.

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 RN delegations present for CG#4 in Client #1's chart/records.

Foster Family Home - Deficiency Report

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a)- No monthly fire drill conducted at night.

46.(b)(2)- CG#2 without evidence of having conducted a monthly fire drill for the CCFFH.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- No training present for Client #2's specialized diet for CG#1, CG#2, CG#3, and CG#4.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(2)- No grab bars near clients' toilet.

49.(a)(3)- CCFFH's dining table and chairs were too high for clients' use.

49.(b)(3)- CG#1's bedroom was located upstairs; Client #1 and Client #2 without use of a call bell/monitor as specified in both clients' service plans.

49.(c)(3)- CCFFH's refrigerators without adequate fresh fruits and vegetables.

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:

Comment:

50.(a)- CG#4 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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)- Client #1's Service Plan dated 3/10/24 without the POA's signature. Client #2's Service Plan was not updated to reflect the client's current/MD's diet order.

54.(c)(5)- Client #2 - there were 3 medications that were not available during CCFFH medication checks/Medication Administration Record.

Maikel Akamine, RN
Compliance Manager
Mjwend
Primary Care Giver

9/12/24
Date
9/12/24
Date

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Mary Jane Macadangdang
(PLEASE PRINT)

CCFFH Address: 94-1147 Kaloli Loop Waipahu, HI 96797
(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?
16.(b)(5)	The Confidentiality policies and procedures and client privacy right training. I have filed it away in my binder.	10/2/2024	Making sure that all my CG participates and familiarized with the Confidentiality policies procedures and privacy of each client.
41.(a)(1)	Before operate the CCFFH I need to obtain.	9/29/2024	Was able to asked and been provided by the landlord an authorization letter to operate CCFFH.
41.(b)(4)	It has been corrected.	10/2/2024	CG#4 Done signed the Disclosure form It's been corrected. See Page 3 of POC SLY
41.(g)	It has been corrected.	10/2/2024	CG#4 client #1 basic skills had been completed by RN delegations signed. See Page 3 of POC SLY
43.(c)(3)	CG#4 RN Delegations done. It was placed into the client binder	10/2/2024	CMA that RN Delegations needs to be done within a day of a caregiver being added. See Page 3 of POC SLY
46.(a)	Performed and has been conducted with the CG's.	9/29/2024	Was able to demonstrate to the CG's on how to do it and let her performed. will make sure to comply on time. SLY
46.(b)(2)	CG#2 Scheduled to conduct a fire drill. will make sure all CG's participates inn the fire drill training every month.	9/29/2024	CG#2 been notify to do the fire drill each year. See Page 3 of POC SLY
47.(e)	It has been corrected and obtain the specific needs for the client.	10/2/2024	Will make sure to obtain the specific needs and comply on every instructions given for the client.
49.(a)(2)	Toilet grab bar have been placed.	9/20/2024	Home will keep toilet grab bar for clients safety.
49.(a)(3)	Table and chairs has been fixed.	9/21/2024	Comply with the exact needed height and for the safety of the clients.
49.(b)(3)	Provided a call bell in client#1 and client#2.	9/14/2024	Already provided and let my client used when they needed assistance.
49.(c)(3)	Provided with adequate fresh fruits and vegetables.	9/14/2024	Will make sure to have a daily/weekly list of the fresh fruits and vegetables.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: Oct. 10, 2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Mary Jane Macadangdang

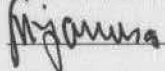
(PLEASE PRINT)

CCFFH Address: 94-1147 Kaloli Loop Waipahu, HI 96797

(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?
50.(a)	Schedule and record in my calendar for CG#4 for training emergency preparedness plan. Will make sure every CG is aware of the training.	10/2/2024	will make sure have a scheduled all caregivers to be aware for all emergency preparedness plan training in the future.
54.(c)(2)	Remind CMA to check service plan for client#1 and client#2 for changes and designated persons to sign documents.	9/30/2024	Will always remind CMA to update the client service plan. To avoid any discrepancy.
54.(c)(5)	Client#2 medication discrepancy was corrected by client CMA, MD and CG#1 on clients medications administration record.	10/3/2024	CG# Will look at all the medication administration record and bottle to ensure these both match every time before giving a medication.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: Oct. 10, 2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Mary Jane Macadangdang
(PLEASE PRINT)

CCFFH Address: 94-1147 Kaloli Loop Waipahu, HI 9679
(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)(4)	It has been corrected.	11/7/2024	I will make sure disclosure form for all my new SCG completed by checking all their documents. If documents are not complete, I will use Post it Note to remember that forms are incomplete and to put in calendar note that it needs to be signed ASAP.
41.(g)	It has been corrected.	11/7/2024	CG#4 client #1 Basic skills had been completed by RN delegations signed. I will make sure I'll let my RN or CMA to complete all the basic skills to deligate all my SCG including me by checking the documents that needed to sign on the day of client admission.
43.(c)(3)	CG#4 RN Delegations done. It was placed into the client binder.	11/7/2024	I will call my CMA to deligate my new SCG so that RN can come the next day after SCG being added.
46.(b)(2)	CG#2 Scheduled to conduct a fire drill. will make sure all CG's participates in the fire drill training every month.	11/7/2024	By using a checklist and calendar reminder I will make sure all CG will participate in fire drill monthly, and each CG will do their own responsibility each month to be the leader or in charge to the fire drill.

All items that were corrected are attached to this POC

PCG's Signature: *Mary Jane Macadangdang*

Date: 11/7/2024

CTA has reviewed all corrected items