

Foster Family Home - Deficiency Report

Provider ID: 1-230090

Home Name: Michael Molina, CNA

Review ID: 1-230090-3

94-313 Kahuawai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/1/2024

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 emailed to CCFFH on 8/7/24 with plan of correction due to CTA within 30 days of issued date (issued on 8/7/24).

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)- CG#6's TB clearance lapsed on 5/22/24 and no current result was present.

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;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d), (d)(1), (d)(2)- Client #2's bed with full side rails use; no MD order present and was not addressed in the client's current Service Plan.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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

Comment:

54.(b)- No signatures present after each dated entries in Client #1's progress/observation notes.

54.(c)(2)- Client#1's Service Plan dated 3/6/24 without the Client/POA's signature.

Maribel Nakamine, RN

Compliance Manager

[Signature]

Primary Care Giver

8/7/24

Date

8/7/24

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: Michael Molina

(PLEASE PRINT)

CCFFH Address: 94-313 Kahuawai Street, 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?
41.(b)(7)	CG#6's obtained TB clearance. It was place on her record.	08/07/2024	I will use a calendar reminder on My laptop to input when documents are due to prevent them from expiring. CG# 6 will be informed 4 weeks before the expiration date.
47.(d), (d)(1), (d)(2)	Followed up and obtained order Client #2's bed full side rails. It was into her record.	08/09/2024	Follow up orders if not received in a week. Track and take note on my planner.
54.(b)	Signed progress notes right away after writing them.	08/07/2024	Sign the progress notes that were written immediately upon completion.
54.(c)(2)	Asked Client#1's POA to sign the Service Plan	08/07/2024	I will use post-it tabs for the papers that need signatures. I will inform POA ahead of time.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 08/09/2024

CTA has reviewed all corrected items