

# Foster Family Home - Deficiency Report

Provider ID: 1-180006

Home Name: Reymando Fiesta, CNA

Review ID: 1-180006-14

94-1260 Peke Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 10/31/2024

## 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 (10/31/24).

6.d.1- Client #1 without an 1147 form.

## 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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#4's APS/CAN/Fingerprint lapsed on 7/12/23 and was renewed on 3/15/24.

8.(a)(1)- No sex offender search result present for CG#2.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.(b)(7)- CG#4's TB clearance lapsed on 10/4/24 and no current clearance result was present.

41.(b)(8)- CG#2 without a CPR/basic first aid certification present.

41.(g)- No basic skills checklist present for CG#2 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 for oral/patch medications administration, wound care, and foley catheter care for CG#2 in Client #1's chart/records. CG#2 without an RN delegation for oral medications administration in Client #2'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/completed for the months of June 2024, July 2024, August 2024, September 2024, and October 2024.

CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

Comment:

50.(b)- No Adverse Event form present for Client #1's wound.

## Foster Family Home

## Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- CCFFH with a video surveillance system in common areas- living room, kitchen, dining room, and hallway. No consent from Client #2/POA present. Use of video surveillance system without a proper consent is a violation of client's privacy rights.

## 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;

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;

54.(c)(8) Personal inventory.

Comment:

54.(b)- No admission note/progress note documented for Client #1.

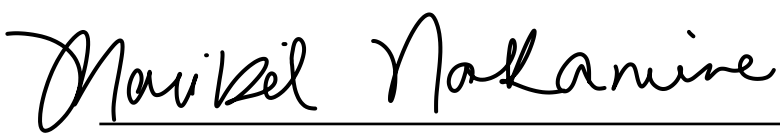
54.(c)(2)- Client #1 without a Service Plan.

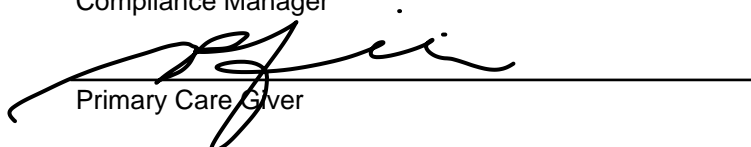
54.(c)(5)- Client #1 without the October 2024 Medication Administration Record (MAR) initiated. One daily scheduled medication's dosage did not match the client's MAR with the medication label and MD's order.

Client #2's Medication Administration Record was last signed on October 22, 2024.

54.(c)(6)- Client #1 without the October 2024 Daily Care Flowsheet initiated.

54.(c)(8)- No Personal Inventory present for Client #1.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

Date

Date

10/31/24

10/31/24

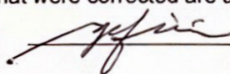
CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Reymando Fiesta

CCFFH Address: 94-1260B Peke Place, 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?
6.d.1	CMA provided client#1 1147 and filed in the client's binder.	11/1/24	Require CMA to provide all client's documents prior to admission to the home.
8.(a)(1) (2)	There is no lapse on APS/CAN and Fingerprint/Ekrim for CG#4. Current records are filed in the home binder.	10/31/24	Home is aware that APS/CAN and finger print to be renewed every other year after acquiring two consecutive years and acquire Ekrim in lieu of finger print after that.
8.(a)(1)	Sex offender search CG#2 is present in the home binder and showed to CTA during the visit.	10/31/24	Provide a tab to the home binder for easy location of the required documents.
41.(b)(7)	Obtained TB clearance and filed in the home binder. CG#4	11/19/24	Home will use cellphone calendar reminder and set alarm on due dates 2 months before renewal.
41.(b)(8)	CG# <sup>2</sup> attended FA/CPR class and received certificate and filed in the home binder.	11/10/24	Home will utilize calendar reminder to phone 2 months before documents are due to prevent it from expiring.
41.(g)	CG#2 was checked by CMA/RN for client #1 and skills checklist was signed.	11/1/24	Home will require all caregivers be present during admission.
43.(C)(3)	CG#2 was delegated by RN/CM for 2 clients on medication administration and client's care needed.	11/1/24	Home will make sure that all caregivers are delegated by RN/CM during admission of clients to the home.

All items that were corrected are attached to this POC  
PCG's Signature:  Date: 11/25/24

CTA has reviewed all corrected items



CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Reymando Fiesta

CCFFH Address: 94-1260B Peke Place, Waipahu, Hawaii 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?
46.(a)	Lapse cannot be corrected.	11/5/24	Home will utilize a calendar and schedule all caregivers to conduct fire drill at least once a year and post is on the refrigerator.
46.(b)(2)	CG#2 conducted fire drill on 11/5/24, signed form and filed in the home binder.	11/5/24	
50.(b)	Adverse event form was filled and submitted to CMA.	10/31/24	PCG will develop adverse event report to document any injury/sores, wound present of the client during admission.
53.(b)(9)	Client #2 signed the consent form on the use of surveillance system in the home.	10/31/24	Home will provide consent form to clients/family during admission on to protect client's privacy.
54.(b)	Progress notes were written by PCG when CTA left.	10/31/24	PCG will document all what has been done during admission process in the progress notes.
54.(c)(2)	CMA provided Service Plan to Client#1	11/7/24	Home will require CMA to provide Service Plan to client binder before admission.
54.(c)(5)	RN/CM reconciled clients medication with MD orders	11/5/24	PCG will require social worker to provide updated medications and MD orders prior to discharging client to home.
54.(c)(6)	Daily care flow sheet for client #1 was initiated.	10/31/24	Home will utilize "to do" list for CG and post it on fridge.
54.(c)(8)	Personal Inventory Form was filled up for Client#1. Filed in client's binder	10/31/24	Home will make a checklist during admission.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 11/25/24

CTA has reviewed all corrected items