

Foster Family Home - Deficiency Report

Provider ID: 1-561177

Home Name: Emilio Andres, CNA

Review ID: 1-561177-19

1935 Ulana Street

Reviewer: Ryan Nakamura

Honolulu HI 96819

Begin Date: 1/3/2025

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: 1/03/2025).

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 were given to all caregivers regarding foley catheter care by client #1's case management agency.

43.(c)(3): No evidence provided by CCFFH of RN delegations were given to all caregivers for rectal suppository medication administration by client #3's medication administration.

Foster Family Home Physical Environment [11-800-49]

49.(e) The home shall have policies regarding smoking on the property that:

49.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

49.(e)(2): Discrepancy noted during inspection of CCFFH's smoking policy and smoking practices. CCFFH's smoking policy stated that CCFFH is a smoke free property. CTA visibly saw client smoked immediately outside of CCFFH's front door entrance.

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)(8) Personal inventory.

Comment:

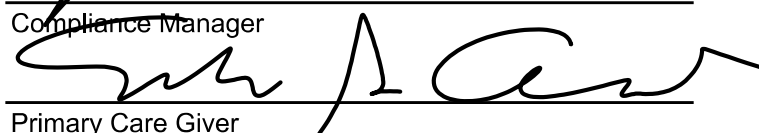
54.(c)(2): Discrepancy noted in services provided and client #1's current service plan. Service plan did not address client is G-tube feedings, foley catheter, and Hoyer lift transfer. Service plan stated that client is a one person assist and ambulates with front wheel walker.

54.(c)(2): No evidence provided of current service plan for client #2. Last documented service plan is dated 3/06/2024.

54.(c)(8): No documentation provided by CCFFH of inventory of personal belongings for client #1.



Compliance Manager



Primary Care Giver

1/3/25

Date
1/3/25

Date

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: EMILIO ANDRES
(PLEASE PRINT)

CCFFH Address: 1935 Ulana 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?
43.L.3	RN delegation for Foley catheter and rectal suppository was done by client's CM. It was placed on client's record.	01/05/25	Home will notify CMA that RN delegation needs to be done in 2 days
49.C.2	Home Policy on Smoking was placed on the caregiver's binder	01/05/2025	Home set a designated smoking area and advised client and household members of the designated area.
54.G.2	Client's service Plan was revised by CMA regarding Foley catheter, G-tube & Hoyer lift. It was placed on client's record.	01/05/2025	Home will notify CMA that service plan should be done every 6 months.
54.C.2	Lapse can not be corrected	01/05/2025	Home will remind CMA on the due date. Place notes and marker on the due dates on the binder
54.C.8	Inventory of Personal belongings of Client #1 was done and placed on client's record.	01/05/2025	Home will use reminder notes to check missing requirements.

All items that were corrected are attached to this POC

PCG's Signature: Salvador G. Lopez

Date: 01/09/2025

CTA has reviewed all corrected items