

Foster Family Home - Deficiency Report

Provider ID: 4-110055

Home Name: Jasmine Rivera, NA

Review ID: 4-110055-19

489 Kopaa Place

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 6/12/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 by 7/12/25.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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.(g) - Client #2 was admitted for respite care on 5/27/25 in the late evening. Per CG#1, the CMA RN for each client completed the basic skills check for CG#1 and CG#2 on 5/28/25. The basic skills check date of signature for the CMA RN (client #2) and CG#1 and CG#2 was dated 5/27/25.

Foster Family Home	Client Care and Services	[11-800-43]
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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) - Client #2 were admitted for respite care on 5/27/25 in the late evening. Per CG#1, the CMA RN completed the RN delegations for CG#1 and CG#2 on 5/28/25. The RN delegation date of signatures for the CMA RN (for client #2) and CG#1 and CG#2 was dated 5/27/25.

Foster Family Home	Medication and Nutrition	[11-800-47]
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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) - Client #1 had an order for a pureed diet with thickened liquids. The CCFFH did not have documentation reflecting that training had been provided on how to accurately prepare a pureed diet, nor address the consistency required for the thickened liquids. No evidence that CG#1 and CG#2 at the current CCFFH and the CGs at the primary CCFFH had been trained on the special diet needs of the client.

Foster Family Home - Deficiency Report

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)(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;

Comment:

54.(c)(2) - The CCFFH did not have evidence that the service plan for client #1 and client #2 adequately reflected the care instructions for the clients.


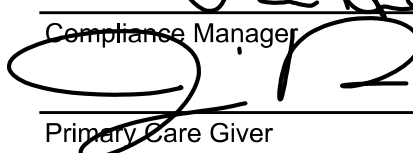
Client #1 - The SP did not include mention that the client was receiving hospice services and did not address the pureed diet with thickened liquids. The SP included a pre-filled date of review of 5/27/25 and was signed by CG#1 and the RN CM on 5/27/25 but had not been reviewed with the CCFFH until 5/28/25.

Client #2 - The SP did not include the mention of the client needing blood sugar checks daily. The CCFFH did not have evidence that the blood sugar was being checked daily since admission on 5/27/25. Blood sugar was documented on 6/1/25 and 6/10/25 only.

54.(c)(5) - The MAR for client #1 and client #2 was incomplete for 6/11/25. Medication administration had not been fully documented.

54.(c)(5) - Client #2 had a supply of Guaifenesin 10 ml by mouth every 8 hours as needed for cough that had been filled on 5/6/25. There was no PCP order for Guaifenesin present in the chart, and it was not listed on the MAR for May or June 2025. Daily blood sugar checks were not included in the MAR for April 2025 and May 1 through 26, 2025.

54.(c)(6) - There was no RN monthly visit note present in the chart for client #2 from March 2025.


Compliance Manager

Primary Care Giver

6/12/25
Date
6/12/25
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: Jasmine Rivera

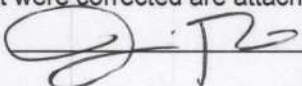
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CCFFH Address: 489 Kopa'a Place, Wailuku 96793

(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.g	Date was changed/corrected and initialed by CMA RN to reflect when the basic skills check was given.	6/20/25	Notified CMA RN for Client #2 that for future admission, basic skills check dates cannot be pre-filled and must be dated on the day they were given and done.
43.c.3	Date on nursing delegations were changed/corrected and initialed by CMA RN to reflect when the delegations were done.	6/20/25	Notified CMA RN for Client #2 that the delegations date cannot be pre-filled and must be dated on the day that delegations were done.
47.e	PCG for Client #1 misplaced the nursing delegations given to her for pureed food and thickened liquids. CMA RN forwarded me my delegations on 6/21/25, on day of discharge. CMA RN wasn't able to do so sooner when notified on 6/17/25 due to being off island at the time.	6/21/25	For future respite care, I will look thoroughly through the skills checks and delegations for special dietary needs on admission day if I am told verbally from PCG that the client is on thickened fluids and pureed diet.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 6/21/25

☒ CTA has reviewed all corrected items

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: Jasmine Rivera

(PLEASE PRINT)

CCFFH Address: 489 Kopa'a Place, Wailuku 96793

(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	<p>Client #1 - Unable to correct violation due to short notice from time of CTA visit and discharge date back to the PCG, 6/21/25. I changed the date on my acknowledgment signature and initialed the changes. CMA RN will make the corrections and update the SP with hospice care and special diet needs when admitted back into PCG on 6/21/25.</p> <p>Client #2 - I noted on the MAR that client refuses daily blood sugar checks and only wants to do it once a week. I let the client know that she needs to let her PCG and PCP aware of her dislike of doing the blood sugar checks every day so that it can be documented on her service plan.</p>	n/a	<p>I will go through SP if client is on hospice care when doing respite again in the future. I also let the CMA RN know that dates cannot be pre-filled.</p> <p>Client #2 - I will make sure that there is documentation from PCG and PCP if a client refuses daily blood sugar checks when taking in a diabetic client for respite.</p>

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 6/21/25

☒ CTA has reviewed all corrected items

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: Jasmine Rivera

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CCFFH Address: 489 Kopa'a Place, Wailuku 96793

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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.5 ?	I completed the evening MAR for Client #1 and Client #2.	6/12/25	I will document medications given on the MAR as soon as they are given to the client and will check it every night in case I missed anything.
54.c.5	I contacted the PCG and she said the PCP forgot to write the order of Guaifenesin on the "PHYSICIAN'S ORDERS" paper on the day of the clients doctor's appointment. PCG will get that paper and place in binder when she gets her client back. PCG was also notified of the blood sugar checks not being in the MAR for April 2025 and May 1 through May 26, 2025.	n/a	I will go through all the doctor's orders and medications list of the client upon admission of any respite clients to ensure they match up.
54.c.6	RN Monthly visit sheet for March 2025 was placed in binder. CMA RN dropped off the paper on 6/20/25.	6/20/25	Upon admission of a respite client, I will go through the RN's monthly visit sheets and will notify RN if any of the months are missing.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 6/21/25

☒ CTA has reviewed all corrected items