Foster Family Home - Deficiency Report

Provider ID: **4-000003**

Home Name:	**Marites Quedding, CNA**	**Review ID:**	**4-000003-16**
286 South Puunene Avenue		Reviewer:	Terri Van Houten
Kahului	HI 96732	Begin Date:	6/18/2025

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 2 bed CCFFH recertification. Report iss7/18/2025.

Foster Family Home	**Medication and Nutrition**	**[11-800-47]**

47.(b)   The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97,or a Registered nurse for all medication that the client requires.

Comment:

47.(b) - Client #1 was admitted to the CCFFH on 3/21/25. Previous medication orders did not appear to have been reconciled upon transfer. The CCFFH did not have complete PCP orders indicating which medications were to be continued and which ones were to be stopped.

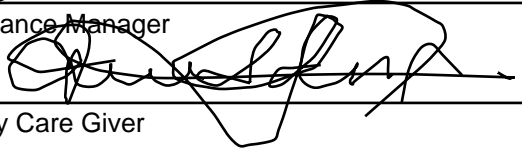| **Foster Family Home**	**Records**	**[11-800-54]**

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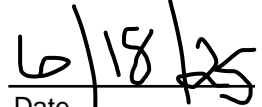
Comment:

54.(c)(2) - Discrepancies noted in service plans for client #1 and client #2.

Client #1 was admitted on 3/21/25. The only page present in the record was the signature page. Unable to confirm what care was to be provided to the client.

Client #2 - SP from 2/2025 included instructions to conduct a daily blood sugar check. Per CG#1, client #2 did not have a history of diabetes, nor has there been blood sugar checks ordered. Discrepancies noted between SP from 8/2024 and 2/2025. Several identified problems were no longer included on the SP from 2/2025, and there was no documentation that the problems had been resolved.

_____
Compliance Manager

_____
Primary Care Giver

_____
6/18/25
Date

_____
6/18/25
Date

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

PCG's Name on CCFFH Certificate: **Marites Quedding**
(PLEASE PRINT)

CCFFH Address: 286 South Puunene Ave, Kahului, HI 96732
(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?
47.b	A medication summary was obtained from the primary care provider (PCP). All medications have been reconciled and accurately transcribed into the Medication Administration Record (MAR).	6/25/25	Ensure that all medication orders from the physician are present in the patient's chart and clearly documented prior to admission. The Medication Administration Record (MAR) will be promptly updated to reflect any changes made by the physician. Upon the end of each visit, will document who was spoken with, the date of the interaction, and professional title as proof of medication changes.
54.c.2	The service plan was reviewed and corrected by the RN Case Manager. A detailed and comprehensive care plan is now clearly documented within the service plan. Daily blood glucose monitoring was removed, as it is no longer applicable. Additionally, pertinent problems were identified and appropriately reflected in the goals section to guide care planning and interventions.	6/25/25	Ensure that service plan is thoroughly reviewed to ensure completeness and accuracy. All care tasks and interventions are clearly outlined, including the client's current needs, goals, and level of assistance required. The care being provided is consistent with the documented plan, ensuring continuity, safety, and appropriateness of services. Binder will be reorganized to keep track of service plans and care tasks appropriately. When changes are made by other healthcare providers, will document who was spoken with, the date of interaction, and professional title as proof of interventions.

☑ All items that were corrected are attached to this POC

PCG's Signature: _____ Date: 6/26/25

☒ CTA has reviewed all corrected items

101821 S. Young