

Foster Family Home - Deficiency Report

Provider ID: 4-160064

Home Name: Preciosa Rojas, CNA

Review ID: 4-160064-17

547 Kaulana Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/21/2025

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 6/21/25.

6(d)(1) - The CCFFH did not have evidence of a current 1147 for client #1. The 1147 on file expired 5/3/25.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - The CCFFH did not have evidence that a sex offender registry check had been completed for CG's #1, #2, #3, #4, and HHM#2.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.(a)(2) - The CCFFH did not have evidence that a Prometric Registry check had been completed for CG's #1, #2, and #4.

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) - The CCFFH did not have evidence that RN delegations had been completed for client #1 regarding how to prepare thickened liquids to the proper consistency.

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's service plan indicated that the diet was pureed with thickened liquids. The most recent physician after visit summary indicated client #1's diet was "normal". CG #1 stated that client #1's diet was pureed with honey-thick liquids. The CCFFH did not have clear documentation concerning the consistency of liquids to be provided to the client.

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Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

Comment:

50.(b), 50.(b)(1) - The CCFFH did not have evidence that an adverse event report had been completed for a missed medication for client #2. The CCFFH did not have documentation that the CMA was notified verbally within 24 hours of the event.

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)(5) Medication schedule checklist;

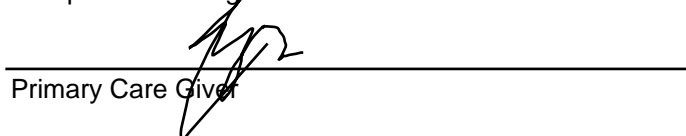
Comment:

54.(c)(2) - The service plan for client #2 was incomplete and did not include the goals for the client. (The service plan appeared to have change formats from prior versions of the CMA's service plan form.)

54.(c)(5) - One medication was not administered as ordered for client #2. Order for Scopolamine patch-change every 72 hours. Patch was due to be changed on 5/19/25 and was not documented. CG#1 stated that there were no more patches available and the prescription was picked up on 5/21/25.


Compliance Manager


Date


Primary Care Giver

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: PRECIOSA ROJAS

(PLEASE PRINT)

CCFFH Address: 547 KAULANA ST KAHULUI HAWAII 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?
6.(d)(1)	Obtained 1147 for client #1. Secured and placed on clients binder.	5/21/25	Missing and soon to expire documents will thoroughly check. Communicating promptly for missing documents to CM to secure updated papers for clients. Schedule added to phone calendar to alarm 1 week before documents will expire.
8.(a)(1)	Obtained and completed Sex offender registry check for CG's #1, #2, #3, #4 and HHM#2. Files are secured and placed in CG's and HHM#2 individual files.	5/21/25	Background checks and criminal history will be conducted thoroughly. For upcoming document expiration schedule was added to phone calendar to alarm 2weeks before the expiration to remind self to gather update papers.
41.(a)(2)	Prometric Registry check was completed and secured for CG's #1, #2 and #4. Placed in each CG's individual files.	5/21/25	Missing and expired documents to comply the recertification will thoroughly check monthly. Added to phone calendar schedule to alarm 1week prior to expiration, to remind self to gather documents.
43.(c)(3)	Delegation for honey-thick liquid consistency was completed by the RN CM and thoroughly reviewed with caregivers. Documents placed on client #1 chart.	5/21/25	Individual Chart for clients will thoroughly check 1month before for documents missing and will expire. will promptly notify CM for documnets needed. Sticky note will utilize with dates and documents need to be update will be place outside clients individual charts.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 5-17-25

☒ CTA has reviewed all corrected items

Terri Van Houten RN

CTA RN Compliance Manager:

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

PCG's Name on CCFFH Certificate: PRECIOSA ROJAS

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CCFFH Address: 547 KAULANA ST KAHULUI HAWAII 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.(e)	A diet order was received from PCP indicating that client #1 requires honey-thick liquids and diet puree.	5/23/25	Review Clients chart frequently or as needed and make list of diets and allergies list of all the clients to ensure accuracy to co-ordinate with CM and PCP. Put list in front of the refrigerator to remind documents need to update.
50.(b),50.(b)(1)	Adverse Event Report was completed for a missed medication for client #2. Emailed to [REDACTED] for Casemanagement office. Notified CM [REDACTED]	5/21/25	Utilizing home delivery for medications to avoid any miss medication for clients.
54.(c)(2)	The service plan for client #2 was revised by the RN CM [REDACTED] upon requested to include the client's goal of care. Was place on clients binder.	5/21/25	Thoroughly check and ensure that the Service Plan reflects the client's goals of care and adheres to the most current approved format.
54.(c)(5)	The Scopolomine patch for client #2 was picked up and made available. It was administered and applied as prescribed.	5/21/25	Calendar alarm save on the phone as a reminder for any pick up for clients medication. Set phone alarm early morning same day to remind administer any schedule medication that is not routinely given.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 5-17-25

☒ CTA has reviewed all corrected items