

Foster Family Home - Corrective Action Report

Provider ID: 1-560426

Home Name: Fe Manera, CNA

Review ID: 1-560426-11

94-1062 Lumikula Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/10/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due on 3/10/2021.

Foster Family Home Background Checks [11-800-8]

8.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department. Requests for exemptions must be:

8.(e)(3)(A) Has a conviction for a crime other than a minor traffic violation involving a fine of \$50 or less;

Comment:

8.(e), (3)(A)- HHM#2's Ecrim dated 01/18/2020 with an inj fee of \$30.00 and a fine of \$500.00. No exemption determination present in the CCFFH binder. Per CG#1, last spoke to a representative from Fieldprint that application is still pending as of 2/5/2021.

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

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects present for Client #1.

Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a)- No Client Account's Personal Funds(form was blank) present in Client #1's chart. Per CG#1, she is in charge of client's personal monthly allowance.

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #1 and Client#2's windows were obstructed with large plastic cabinets and other household items preventing the fresh air from entering clients' rooms.

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Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- No buzzer/intercom/bell noted from the outside of the gate for CTA/agency to communicate/have easy access to the CCFFH.

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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)- Clients' bathroom door had no lock from the inside for clients' privacy.

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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)- Client #1 and Client #2's current Service Plans (dated 12/19/2020; dated 9/18/2020) contained no signatures of Clients/POAs, MDs, CMA RNs, and CG#1.

54.(c)(5)- Medication discrepancy noted for Client #2. One medication was not available on hand. No MD order to discontinue as per CG#1, client had been refusing that medication. Medication Administration Record documentation for that medication was blank from 2/1/2021-2/10/2021.

Mairibel Nerkanne, R 2/10/2021

Compliance Manager

F. J. Manera

Primary Care Giver

Date

2/10/2021

Date