

Foster Family Home - Corrective Action Report

Provider ID: 1-626202

Home Name: Jaculino Delos Santos, CNA

Review ID: 1-626202-9

1115 Kukila Place

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 2/24/2021

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 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due on 3/24/2021.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1, CG#2, HHM#2, and HHM#3's APS/CAN all lapsed on 7/19/19 and renewed on 2/20/2021. CG#1, CG#2, HHM#2, and HHM#3's Ecrim all lapsed on 2/10/2021 and renewed on 2/20/2021.

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.

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.(c)- No list of medication side effects present in Client #1's chart.

47.(e)- No training present on Client #1's diet of Pureed and Nectar Thickened liquids.

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- Back door emergency exit door near the kitchen was obstructed with multiple household items such as stacks of chairs, table, etc. preventing a clear pathway in the event of an emergency/evacuation.

Foster Family Home 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)- No approved lock on Client #1's doorknob; lock was on the outside and lock should be from the inside of the room to allow for client's 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's Service plan expired on 12/12/2020.

54.(c)(5)- one medication does not match the Medication Administration Record with the doctor's order and the medication's label.

Maibek Hakeamir, M 2/24/2021
Compliance Manager Date
Shelbi T. Wilson 2/24/2021
Primary Care Giver Date