

Foster Family Home - Corrective Action Report

Provider ID: 1-511346

Home Name: Felicitas Pascual, CNA

Review ID: 1-511346-8

94-234 Pupukui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/16/2021

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 correction due on 3/16/2021.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for HHM#3, HHM#4, HHM#5, and HHM#6, and HHM#7.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(4) Include the provision of personal care, homemaker, and respite services as appropriate;

43.(c)(6)(B) Include access by the client to radio, television, telephone, internet.

Comment:

43.(c)(4)- Client #2 was being charged for toothpaste, shampoo, and mouthwash from client's personal allowance as evidenced in the Client Account Record.

43.(c)(6)(B)- Client #2 was being charged a cable equipment rental from client's personal allowance as recorded in the Client Account Record.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No monthly fire drill present for the month of March 2020.

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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 evidence present for CG#2, CG#3, CG#4, and CG#5 having had training of Client #1's specialty [REDACTED]

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 window latches were broken- unable to open part of the windows preventing some of the fresh air to enter in client's room.

Foster Family Home

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 intercom/buzzer on the inside of the CCFFH's gate which prevents CTA/agency to have easy/quick access to the CCFFH. Also there was a dog noted inside the garage.

Foster Family Home

Records

[11-800-54]

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(6)- No monthly RN Visit/Summary Notes on October 2020 for Client #1.

54.(c)(8)- No Personal Inventory Record present/completed for Client #1.

Maibol Nakone, RN 2/16/2021

Compliance Manager

Date

Julietta G. Paschal

2/16/2021

Primary Care Giver

Date