

# Foster Family Home - Corrective Action Report

Provider ID: 1-180026

Home Name: Liza Nabua, CNA

Review ID: 1-180026-6

94-947 Lumihoahu Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/19/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

## 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 evidence for HHM # 2 or 3 of training on confidentiality policies and procedures and client privacy rights.

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

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) No RN delegation or caregiver handout present for client # 1 for [REDACTED]

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

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47 (d)(1) - Unable to locate physicians order for [REDACTED] client #1

47.(d)(1) There is no MD signed [REDACTED] for client # 1 # 2 or # 3 in the clients binder

47.(d)(2) client # 1 has service plan for [REDACTED], this not documented on RN flow sheet or vital sign flow sheet.

## 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) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

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Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) visiting hours state limited to 9 am-5pm. Per "My choice my way" visiting hours cannot be restricted.

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;

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)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:

54.(c)(2) Service plan for client #1 has not been updated since 10/2020. 54.(c)(2) Service plan for client #1 lists for [REDACTED] clients room. There is no [REDACTED] without an MD order client # 2 service plan is outdated since 10/2020 and not signed by client or POA. Service plan states for [REDACTED] PCG could not adequately demonstrate knowledge of [REDACTED]

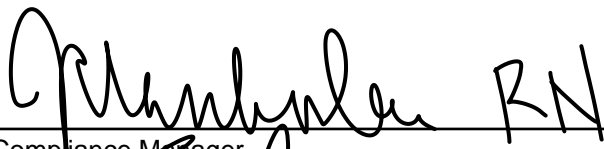
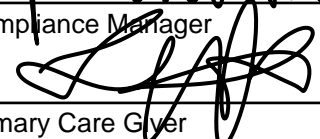
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list has not been filled out since 2/2020 for client # 1


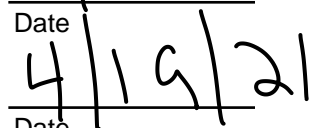
54.(c)(7) Client # 1 No Personal allowance log documentation

54.(c)(8) Client # 1 No client belonging record documentation

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.

Medication administration record not signed since 4/15/2021 for any client 1, 2 or 3

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date