

Foster Family Home - Corrective Action Report

Provider ID: 4-200027

Home Name: Liza Rose I. Balacang, CNA

Review ID: 4-200027-4

446A Onehee Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/5/2021

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 6/5/2021.

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) - CG#1 lapse in fingerprint. Due on or before 4/23/2021

8.(a)(2) - CG#1 lapse in APS/CAN. Due on or before 4/23/2021

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CG#1 and CG#2 lapse in BBP/Infection control training. CG#1 due on or before 1/2021, CG#2 due on or before 2/2021.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - CCFFH did not have records of fire drills completed in the last 12 months.

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Medication and Nutrition

[11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

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.(b) - Client #2 does not have evidence that the medications are being regularly monitored by MD, Home Health or CMA RN.

47.(c) - Client #1 and Client #2-CCFFH did not have evidence that list of medications side effects are present in the client records.

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Records

[11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

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)(8) Personal inventory.

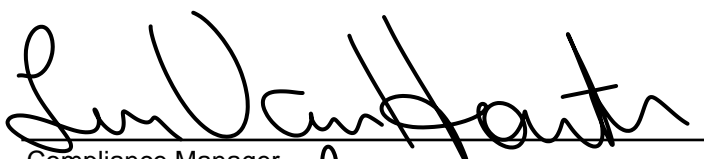
Comment:


54.(c)(3) - Client #1 did not have copy of admission orders present in the file (admitted 10/2/2020)

54.(c)(5) - Client #1 did not have a May MAR in their file at the time of the inspection.
Client #2 had several medication discrepancies between the MD order, the MAR and the pill bottles.

54.(c)(6) - Client #2, CMA RN notes were missing from 10/20, 12/20, 1/21, and 2/21.

54.(c)(8) - Client #1 did not have a personal inventory list started since admission to CCFFH.


Compliance Manager


Primary Care Giver

5/5/21
Date

5/5/21
Date