

# Foster Family Home - Deficiency Report

Provider ID: 1-150070

Home Name: Christine Villanueva, CNA

Review ID: 1-150070-10

95-307 Auhaele Place

Reviewer: Maribel Nakamine

Mililani

HI 96789

Begin Date: 7/14/2021

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

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

Comment:

Unannounced recertification inspection for a 3 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/14/2021.

## 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#2.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(f)(1)- HHM#2 without a TB result present in the CCFFH binder.

41.(g)- No Basic Skills Checklist for CG#2 on Client #1.

## 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 Service Plans present for Client #1. CG#2 without evidence of having had training on [REDACTED] administrations.

## Foster Family Home 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.

Comment:

47.(b)- Client #1's Admission Order to CCFFH without MD's signature.

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Foster Family Home

Records

[11-800-54]

- 54.(c)(1) Client's vital information;
- 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)(1)- Client #1's facesheet/information was not updated to reflect current MD's name and contact information.  
54.(c)(5)- Medication discrepancies on Client #1 and Client #3.  
Client #1- one medication was not transcribed in the Medication Administration Record (MAR).  
Client #3- No July 2021 MAR. There were 2 medications that were not transcribed in the MAR.  
54.(c)(6)- No ADLs/Daily Care Flowsheet for July 2021 on Client #1.  
No Progress Notes present since Client #1's admission on 6/10/2021.  
54.(c)(8)- No Personal Inventory List completed for Client #1.

*Muriel Nakamine, RN*

Compliance Manager

*[Signature]*  
Primary Care Giver

*7/14/2021*

Date

*7/14/2021*

Date