

Foster Family Home - Deficiency Report

Provider ID: 1-561135

Home Name: Imelda Sausal, CNA

Review ID: 1-561135-12

6282 B Ibis Avenue

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 8/3/2021

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 2 bed re-certification.

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

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;

Comment:

8.(a)(1) CG # 1 has not received clearance for APS, CAN or Ecrim since 7/2/2019

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f)(2) Background checks

Comment:

41.(b)(7) Additional undisclosed house hold members have not submitted tuberculosis (TB) clearance

41.(f)(2) possible undisclosed HHM [REDACTED] has been present each unannounced visit 2020-2021 and Drivers license lists CCFFH as residence) Has not done background checks TB or confidentiality

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 present for Client # 1,caregiver # 2

Client # 2 [REDACTED] without order for treatment or delegation

Foster Family Home - Deficiency Report

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) No documentation of fire drill since 2019

Foster Family Home

Medication and Nutrition

[11-800-47]

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

Comment:

47.(d)(1) unable to locate [REDACTED] for client 1

Foster Family Home

Physical Environment

[11-800-49]

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner

49.(a)(4) Per My Choice My way clients to have open access to the kitchen. There is no wheelchair access to the kitchen for [REDACTED] it is intentionally blocked by heavy furniture to avoid [REDACTED] accessing foods (per MD order)

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. Per "My choice my way" visiting hours cannot be restricted.

53.(b)(15) Client # 1 does not has a lock on the inside for patient privacy

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 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)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

Comment:

54.(b)(1) CCFFH administrative binder is in disarray making it difficult to survey

54.(c)(7) Client # 1 and 2 No Personal allowance log documentation

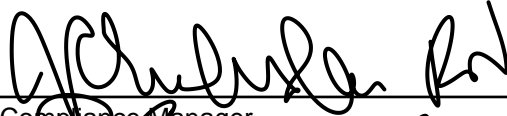
54.(c)(8) Client # 1 and 2 No client belonging record documentation

54.(c)(2) Service plan for client #1 had discrepancies between the written service plan, the MD order, and the actual CCFFH practice


Client # 2 there is no service plan present at all

54.(c)(5) Client #1 and 2 medication administration record has not been signed since 7/30/21 for any routine medications or PRN meds. An Aug 2021 MAR is not present for either client

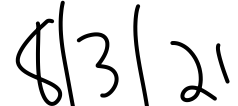
Medication discrepancy for client # 1 and 2 medication prescription label did not match medication administration record and / or the signed MD orders for several medications including high risk meds. CMA RN to determine if a medication error has occurred.



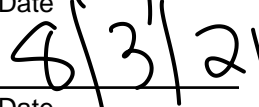
Compliance Manager



Primary Care Giver



Date



Date