

Foster Family Home - Deficiency Report

Provider ID: 1-561490

Home Name: Liberty Lagpacan, CNA

Review ID: 1-561490-11

92-848 Kohupono Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

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:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH to decrease to a 1 client due to no second bedroom available for a 2nd client.

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

Foster Family Home Application [11-800-7]

7.(b)(1)(B) Documentation to verify that the primary caregiver is a resident in the home that is to be a community care foster family home and is a NA, a LPN, or a RN with at least one year of experience in a home setting;

Comment:

7.(b)(1)(B) No adequate documentation of at least one year of experience in a home setting

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 # 3 and 4

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 drills since January 2021

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

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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) Indoor and outdoor living spaces are cluttered in an unsafe manner. Barking dogs throughout the review made conversation difficult. The wheelchair ramp is maintained in an unsafe manner

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 posted state limited. 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


Comment:


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

54.(c)(2) Service plan for client #1 is outdated (12/06/2020) [redacted] is in service plan for [redacted] and [redacted] the times of documented [redacted] are different

service plan has for check [redacted] not documented on flow sheet

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred. The MAR had white out to make a correction instead of following the CMA policy for correcting errors



Compliance Manager


Primary Care Giver

7/14/21

Date
7/14/21

Date