

Foster Family Home - Deficiency Report

Provider ID: 1-180087

Home Name: Karen Lim, NA

Review ID: 1-180087-9

94-331 Pupukupa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/21/2021

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 10/21/2021.

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

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7)- CG#1's TB clearance expired on 10/10/2020 and no current result present in the CCFFH binder.

41.(c)- No annual in services hours present for CG#1 and CG#2.

Foster Family Home Grievance [11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45. (1)(2)(3)- No Admission Policy and Agreement present/completed and signed by Client #1/POA, Client #2/POA, and CG#1.

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 monthly fire drill completed/conducted from 11/2019 thru 8/2021.

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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 and a "Beware of Dogs" sign that was posted on the gate; gate lacked a communication method to the CCFFH for quick access into the CCFFH.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)- No General Liability Insurance Policy present in the CCFFH binder.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1 with a [redacted] [redacted] [redacted] inside the bedroom. There was no written consent form for the use of [redacted] [redacted] [redacted] Use of [redacted] is a violation of client's privacy right without proper consent.

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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.(a)(1)- No Emergency procedures and an evacuation map present in the CCFFH.

54.(c)(2)- Client #1's Service Plan dated 6/18/2021 without the POA/Client's signature.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- Medication Administration Record (MAR) not present since July 2021.

Client #2- No MAR for the month of September 2021. There were 2 scheduled medications listed in the MAR that were not available. One medication's label and MD's order did not match the MAR. One medication without an MD's order.

54.(c)(6)- No ADLs/Daily Care Flowsheet present for the months of 2/2021, 3/2021, 7/2021-9/2021 on Client #1.

54.(c)(6)- No RN/SW visit summary present for the months of 1/2020, 4/2020-7/2020, 11/2020-12/2020, 2/2021-5/2021, and 7/2021 on Client #1.

54.(c)(7)- No client's expenditure present for Client #1 and Client #2.

54.(c)(8)- No completed Personal Inventory list for Client #1.

Maibell Nakomine, RN

Compliance Manager

George SCS

Primary Care Giver

For Karen Lim

9/21/2021

Date

9/21/2021

Date