

Foster Family Home - Deficiency Report

Provider ID: 1-090124

Home Name: Marites Fiesta, CNA

Review ID: 1-090124-12

94-1260 Peke Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/7/2021

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 11/7/2021.

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), (2)- CG#1's APS/CAN lapsed on 4/1/21 and renewed on 7/12/21. CG#3 without the 1st and 2nd year of APS/CAN/Fingerprinting present in the CCFFH binder.

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

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

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 1/15/21 and renewed on 7/21/21. CG#2's TB clearance lapsed on 3/18/20 and renewed on 10/8/20.

Foster Family Home Medication and Nutrition [11-800-47]

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.(c)- No list of medications side effects present on 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.(a)(4)- Kitchen sliding door exit were obstructed on the outside with multiple household items preventing a clear pathway for a wheelchair to pass through safely.

49.(c)(3)- Kitchen door screen with a big hole/ripped. Insects, bugs, mosquitoes, etc. can enter the CCFFH and possibly bite the clients.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH's general liability insurance lapsed on 12/31/2020. No current certificate present in the CCFFH binder.

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;

Comment:

54.(c)(2)- Client #2's Service Plan expired on 5/1/2021.

54.(c)(5)- Medication discrepancy noted for Client #2. There was one lifesaving medication that was not available during CCFFH inspection. Client's [REDACTED] results thru accuchecks were not recorded in client's Medication Administration Record(MAR) nor in a flowsheet since July 2021 thru 10/7/2021.

54.(c)(6)- Client #2's ADLs/Daily Care Flowsheet was not signed since 9/3/2021. There was no October 2021 Flowsheet present in client's chart.

54.(c)(6)- No progress notes documentation since 3/29/2020 on Client #1.

Naubel Nakamura, RN 10/7/2021

Compliance Manager

Date

Antonia J. Junt

Primary Care Giver

Date

10/7/2021