

Foster Family Home - Deficiency Report

Provider ID: 1-510497

Home Name: Nonita Acorda, CNA

Review ID: 1-510497-10

66-883 Kamakahala Street

Reviewer: Maribel Nakamine

Waiialua HI 96791

Begin Date: 9/20/2021

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 10/20/2021.

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

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.(g)- No Basic Skills Checklist completed for C [REDACTED] on Client [REDACTED] and Client [REDACTED].

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 completed for C [REDACTED] on Client [REDACTED] and Client [REDACTED].

Foster Family Home Quality Assurance [11-800-50]

50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

50.(c) The home shall inform the case management agency of any changes occurring in the client's behavior and functioning that may necessitate a change and update of the client's service plan. A verbal report shall be made to the case management agency serving the client within twenty-four hours of the occurrence of any of the following:

Comment:

50.(b), (1)(2), (c)- No Adverse Event form completed for Client [REDACTED] in regards to client being admitted back to CCFFH with [REDACTED]. Client's Service Plan did not mention the [REDACTED] [REDACTED] [REDACTED] for [REDACTED] [REDACTED].

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Foster Family Home

Records

[11-800-54]

- 54.(a) Each home shall maintain an administrative notebook including but not limited to
- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 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)(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:

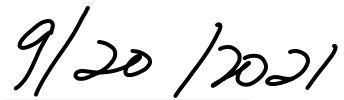
- 54.(a), (b), (1)- Client [REDACTED], Client [REDACTED], and C [REDACTED] charts were not available in the CCFFH on the first survey visit of [REDACTED]
- 54.(c)(2)- Client #1's Service Plan dated [REDACTED] without the POA/Client's signature.
- 54.(c)(6)- No Monthly RN Visit/Summary for the months of [REDACTED] 2021 and [REDACTED] 2021 present in Client [REDACTED] chart.



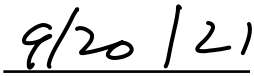
Compliance Manager



Primary Care Giver



Date



Date