

Foster Family Home - Deficiency Report

Provider ID: 5-130029

Home Name: Imelda Yadao, CNA

Review ID: 5-130029-13

2900 Kanani Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 10/18/2021

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 inspection with a written plan of correction due to CTA on 11/18/2021.

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 8/23/2021. No current result present. HHM#2's without the 2nd year of APS/CAN/Fingerprinting.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.(b)(8)- CG#2's basic first aid lapsed on 3/2020.

41.(g)- No Basic skills checks present for CG#1, CG#2, and CG#3 on Client #1.

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 completed RN Delegations present for CG#1, CG#2, and CG#3 on Client #1.

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 in Client #1's chart.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- No signature of POA/Client present on Client #1's Service Plan dated 9/20/2021.

Maubel Nakavire, RW

Compliance Manager

10/18/2021

Date

[Signature]

Primary Caregiver

10/18/2021

Date