

# Foster Family Home - Deficiency Report

Provider ID: 1-562555

Home Name: Josephine Bio, CNA

Review ID: 1-562555-12

91-1104 Hanakahi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 11/9/2021

## 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.

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

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

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

41.(j)(3) Authorize all substitute caregivers to permit entrance by case management agency and department staff, with or without prior notice, for the purpose of client monitoring, investigation, and quality assurance review.

Comment:

41.(j)3 CTA was present 20 minutes before entrance to the home was possible due to locked gate and no answer to doorbell. Entrance required ringing door bell, calling by phone and honking horn of car. An additional 10 minutes was added waiting for CG to control dogs for safe entry

41.(b)(7) TB clearance for CG # 4 not accepted as it appears to be photocopy from 2019, 2020, 2021

## 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.

43.(c)(4) Include the provision of personal care, homemaker, and respite services as appropriate;

Comment:

43.(c)(4) Client 1 and 2 did not have linens on their [REDACTED] beds. Client 1 bed had rips in the mattress and is dirty. An old hospital bed is going stored against the wall of clients # 1 room. There is a strong odor in client # 1 room. Client # 2 states he keeps his own room clean, however, the walls and doors are still dirty.

43.(c)(3) Vital signs: No documentation of the weekly vital signs per service plan for client 1 and 2

43.(c)(3) No RN delegation present for Client # 2 for [REDACTED] It is line itemed in but not signed off by RN

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

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

47.(d)(3) A sliding door to the area of the home that is used for clients bedrooms is being used as a restraints. There is a lock bolted to the floor to lock clients out of the common areas of the home. It is not listed in the service plan and/or did not have specific orders. This is a repeat violation

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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. All client walls and the floor of client # 1 were splattered with unknown dried stains. Doors and walls are covered in dirt. Some wall area's are just sheetrock with no paint at all. This is repeat violation from 2020.

The refrigerator is dirty with spilled items and a base of dried blood

Foster Family Home

Records

[11-800-54]

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)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

Comment:



54.(b) white out has been used on several medical record documents instead of approved correction of error in entry

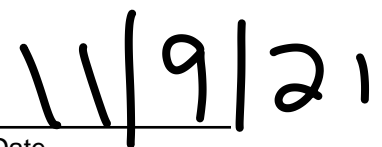

54.(b)(1) CCFFH administrative binder and client binders were in disarray making it difficult to survey. Pages were stained with unknown liquids

54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice. No service plan is present for client # 2 since 7/2020

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

54.(c)(8) Client # 2 personal belongings not signed by client and not updated since 2017

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date