

Foster Family Home - Deficiency Report

Provider ID: 1-580234

Home Name: Leonora Antonio, CNA

Review ID: 1-580234-10

94-1075 Puloku Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/5/2021

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 12/5/2021.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#2 and CG#3.

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

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

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

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.

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)(7)- TB clearances for CG#1, CG#2, and CG#3 were all expired: CG#1- 11/22/2020; CG#2- 1/9/2021; & CG#3- 12/30/2020.

41.(b)(8)- CG#1's Blood borne pathogen and infection control certification expired on 1/11/2021. CG#2's CPR/First Aid expired on 1/6/2020 and Blood borne pathogen/infection control certification expired on 1/11/2021. CG#3's Blood borne pathogen/infection control expired on 1/14/2020.

41.(c)- CG#1 and CG#2 without any hours of annual in services for the year 2021.

41.(g)- No Basic Skills Checklist completed for 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 RN delegation on [REDACTED] present for CG#2 and CG#3 on Client #1.

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**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#3 without evidence of conducting a monthly fire drill for the past 12 months.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d), (d)(1)- No MD order present for Client #2 and Client #3's [REDACTED]

Foster Family Home

Quality Assurance

[11-800-50]

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e)(1)- CG#1's CCFFH chart/binder was in disarray which made the review difficult and time consuming.

Foster Family Home

Records

[11-800-54]

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)(8) Personal inventory.

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2 and Client #3.

Client #1- No November 2021 Medication Administration Record(MAR) present. October's MAR without signatures from 10/11/2021- 10/31/2021.

Client #2- No November 2021 MAR. October's MAR without signatures from 10/12/2021-10/31/2021. One lifesaving medication was not available. One medication without an MD order present.

Client #3- No November 2021 MAR present. October 2021's MAR without signature from 10/12/2021- 10/31/2021. One medication without an MD order present.

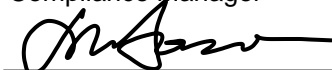
54.(c)(6)- ADLs/Daily Care Flowsheet was last signed on 10/11/2021 for Client #1. Client #2 was last signed on 10/15/2021 and Client #3 was last signed on 10/11/2021.

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

 Maribel Nakawire, RN 11/05/2021

Compliance Manager

Date



Primary Care Giver

11/05/2021

Date