

Foster Family Home - Deficiency Report

Provider ID: 1-100095

Home Name: Emie Joy Pomoy, RN

Review ID: 1-100095-13

1676 California Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 11/16/2021

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 12/16/2021.

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 Checks present for CG#2, CG#4, and CG#6 (signatures missing) in Client #1's chart.

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 present for CG#2,CG#4, and CG#6(signatures missing) on [REDACTED] Administration and [REDACTED] in Client #1's chart.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No August 2020 monthly fire drill present/completed.

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.

Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(2)- No [redacted] present near toilet in clients' bathroom.

49.(c)(3)- Client #1's window screen's broken- noted gaps that insects, bugs, mosquitoes can come in and possibly bite the clients.

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;

Comment:

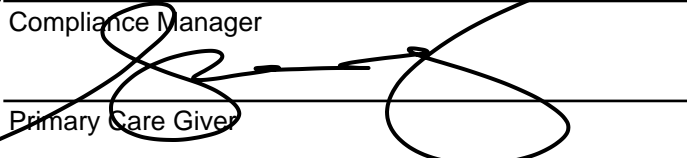
54.(c)(2)- Client #1's Service Plan dated 10/25/2021 and Client #2's Service Plan dated 10/20/2021 were without the POAs/Clients signatures.

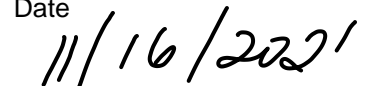


Compliance Manager



Date


Primary Care Giver



Date