Foster Family Home - Deficiency Report

Provider ID: 4-100104

Home Name: Encarnacion Mendez, CNA Review ID: 4-100104-13

322 South Lehua Street Reviewer: Terri Van Houten

Kahului HI 96732 Begin Date: 12/9/2021

Foster Family Home Required Certificate [11-800-	Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 1/9/2022.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - CG#1 and CG#2 did not have evidence of current APS/CAN results on file.

Foster Family	y 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-set training annually which shall be approved by the department as pertinent to the management and care of clier. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file home.		lepartment as pertinent to the management and care of clients.	

Comment:

41.(b)(7) - CG#4 and CG#6did not have evidence of current TB clearance completed within the last 11-13 months.

41.(b)(8) - CG#3, CG#4 and CG#5 did not have evidence of Bloodborne pathogen training in the last 12 months.

41.(c)- CG#3, CG#4 and CG#5 did not have evidence of inservice training in the last 12 months.

3 Person Fire Safety, Natural Disaster		3 Person Fire Safety	(3P) Fire	
(3P)(b)(1) Fire	shall be co	conducted monthly		
(3P)(b)(6) Fire	shall inclu	de all SCGs at least once per year		
Comment:				

(3P)(b)(1) Fire - CCFFH did not have evidence that fire drills have been conducted monthly. Last documented fire drill was completed May 2021.

(3P)(b)(6) Fire - CCFFH did not have evidence that CG#4 has conducted a fire drill in the last 12 months.

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Foster Famil	ly Home Records	[11-800-54]	
54.(c)(1)	Client's vital information;		
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			

Comment:

54.(c)(1) - The face sheet for Client #1 was incomplete, lacked several elements of client's vital information.

54.(c)(5) - MAR was not updated for Client #1 and Client #2; Medications last charted as given on 11/10/21.

54.(c)(6) - ADL Flowsheet was not updated for Client #1, Client #2 and Client #3; ADLs last charted as preformed on 11/10/21.

54.(c)(8) - Personal inventory was not completed for client #1 at time of admission.

Compliance Manager

Primary Care Giver

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