

Foster Family Home - Deficiency Report

Provider ID: 1-561870

Home Name: Gemma Alvia, CNA

Review ID: 1-561870-10

94-915 Kumuaao Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 11/23/2021

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 3 bed annual inspection.

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

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: CG is off Island for approximately 2 weeks with 2 CG covering. There is no in and out log to prove that CG # 4 (NA) does not exceed 28 hours per week.

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) Client 1 and 2 Vital signs: No documentation of the MD ordered vital signs. Vital signs are documented with a frequency of

Foster Family Home Physical Environment [11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3) Client 1 has no or with the CG bedroom being in a different section of the home. Client # 2 has a non working and a which is not audible in other sections of the CCFFH. Client # 1 and # 2 service plan instruction is for each client to have a and a

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Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e) CCFFH █ CG was currently off Island. █ CG called during the inspection (█ CG present) was verbally aggressive to CTA compliance manager as to "why is an inspection happening today, why did CTA look in each bedroom of the CCFFH That's our private space". CTA was unable to review issues found in the home with █ CG due to █ CG speaking aggressively during the phone call

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Client Rights

[11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(7) Client 1 and 2 has a █ on the outside of the bedroom door. It was unlocked at the time of the inspection.
53.(b)(15) Client #1 and 2- does not has a lock on the inside of the bedrooms, or in the shared bathroom for patient privacy

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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;


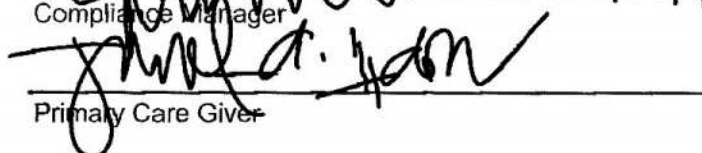
54.(c)(5) Medication schedule checklist;

Comment:

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

54.(c)(5) Client 1 and 2 no MAR signed since 11/13/21

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. CMA RN to determine if a medication error has occurred. Client # 2 there is a █ medication missing completely


Compliance Manager

Primary Care Giver

11/24/21
Date
11/24/21
Date