

Foster Family Home - Deficiency Report

Provider ID: 1-120074

Home Name: Jovelyn Garces, CNA

Review ID: 1-120074-14

2256 Akeukeu Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 12/3/2021

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 1/3/2022.

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

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

Comment:

41.(b)(7)- CG#4's TB clearance lapsed on 3/25/2021 and done on 11/5/2021.

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;

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;

Comment:

54.(c)(2)- Client #1 without a Service Plan present since admission to the CCFFH on 5/19/2021. Client #3's Service Plan (SP) expired on 1/30/2021 and no current SP present in client's chart.

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

Client #1- One medication that was ordered for once a week contained CG#1's signatures/initials on 12/1/2021 and 12/2/2021.

Client #2- Medication Administration Record(MAR) was not updated. There were 3 medications that MD discontinued on 11/15/2021. There was one lifesaving medication that was not transcribed in the client's December 2021 MAR.

54.(c)(6)- No monthly RN Visit/Summary for Client #1 on June 2021, July 2021, August 2021, September 2021, and October 2021.

54.(c)(6)- No August 2021 ADLs/Daily Care Flowsheet present in Client #1's chart.



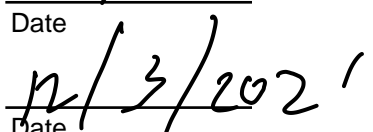
Compliance Manager



Date



Primary Care Giver



Date