

# Foster Family Home - Deficiency Report

Provider ID: 1-628117

Home Name: Laura Dela Cruz, RN

Review ID: 1-628117-11

94-1078 Haalau Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/16/2021

## 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 1/16/2022.

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

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)(8)- CG#4's CPR and First Aid Certification expired on 9/5/21 and no current renewal present in the CCFFH binder.

41.(c)- CG#1 was short of 7.5 hours of annual in- required 12 hours annually for the [REDACTED] caregiver. CG#4 was also short of 5 hours of the required total of 8 hours annually for [REDACTED] caregiver.

41.(g)- No basic skills checklist completed of CG#3 and CG#4 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 delegations completed on [REDACTED] medications for CG#3 and CG#4 in Client #1's chart.

## Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#3 and CG#4 were without evidence of conducting a monthly fire drill for the past 12 months.

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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.
- 47.(d) Use of physical or chemical restraints shall be:
- 47.(d)(1) By order of a physician;
- 47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

- 47.(c)- One medication administered dosage to client did not match the MD ordered dose. MD ordered [redacted]; medication's dose given was [redacted]. Per CG#1, client #1 had been administered the incorrect dosage X [redacted].
- 47.(d),(d)(1)- No MD order present for Client #2's [redacted].
- 47.(e)- No training present for CG#2, CG#3, and CG#4 on Client #2's [redacted] [redacted] [redacted] escribed by client's MD.

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Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:
- 50.(b) Adverse events shall be reported

Comment:

- 50.(a)- CG#3 without evidence of having had the Emergency Preparedness Plan training.
- 50.(b)- Medication error was discovered during CCFH inspection on Client #1. No adverse event form completed by CG#1.

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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;
- 54.(c)(8) Personal inventory.

Comment:

- 54.(c)(2)- Client #2's Service Plan dated 9/30/21 without the POA/OPG/Client signature.
- 54.(c)(5)- Medication discrepancies noted for Client #1. There were 2 medications that did not match with the MD orders and client's Medication Administration Record(MAR).
- 54.(c)(8)- No completed Personal Inventory present in Client #1's chart.

*Thairiel Nakamire, M*

Compliance Manager

Date

*12/16/2021*

*Shelley*

Primary Care Giver

Date

*12/16/2021*