

# Foster Family Home - Deficiency Report

Provider ID: 1-561945

Home Name: Lenie Allera, CNA

Review ID: 1-561945-10

203 Plum Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 11/30/2021

## 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 12/30/2021.

## 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 completed Basic Skills Checklist for CG#2 and CG#3 on Client #1.

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#3's last monthly fire drill conducted was on 2/2020; none for the year 2021.

## 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 Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- No wheelchair accessibility provided to the CCFFH's kitchen/refrigerator for clients' nourishment/hydration as there were 3 steps that leads to the CCFFH's kitchen/refrigerator.

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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)(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)- No signature of Client #1 present on Service Plan dated 6/6/2021. Client #2's Service Plan expired on 6/15/2021. Last Service Plan was on 12/15/2020 and no signature of Client/POA present.

54.(c)(6)- No RN Monthly Visit/Summary present for the months of April 2021, May 2021, and June 2021 in Client #1's chart/binder.

Maribel Mahamir, RN

Compliance Manager

of Allera

Primary Care Giver

11/30/2021

Date

11/30/2021

Date