

Foster Family Home - Deficiency Report

Provider ID: 1-579576

Home Name: Luz Vea, CNA

Review ID: 1-579576-10

1582 Hoonipo Street

Reviewer: Maribel Nakamine

Pearl City

HI 96782

Begin Date: 11/22/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounce recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 12/22/2021.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1), (2)- CG#1's Ecrim lapsed on 7/30/2021 and renewed 8/7/2021. CG#2's APS/CAN lapsed on 11/27/2020 and renewed on 1/13/2021.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(6)(A) Be arranged and provided, in accordance with the service plan, in or outside the home according to the client's interests, needs, and capabilities; and

Comment:

43.(c)(6)(A)- No [REDACTED] [REDACTED] present in Client #1 and Client #2's bedside. Per Service Plans- [REDACTED] [REDACTED] should be provided at bedside for clients to call caregivers for assistance.

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)- One of Client #2's lifesaving medication MD's order dose was [REDACTED]; medication's label was [REDACTED]. No clarification or new MD's order present.

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Several window jalousies of kitchen door were missing, creating an open gap that bugs, mosquitoes, insects can come inside the CCFFH which can possibly bite/harm the clients.

Foster Family Home - Deficiency Report

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;

Comment:

54.(c)(2)-Client #2's Service Plan dated 9/16/2021 without the POA's/Client's signature.

54.(c)(5)- Medication discrepancy noted for Client #2. One lifesaving medication's dose label didn't match the MD order and the client's Medication Administration Record(MAR).

Maribel Nakamine, RN 11/22/2021
Compliance Manager Date

Quynh A. Hoa 11/22/2021
Primary Care Giver Date