

Foster Family Home - Deficiency Report

Provider ID: 1-618796

Home Name: Luzviminda dela Cruz, CNA

Review ID: 1-618796-11

94-479 Hoaeae Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 12/2/2021

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 1/2/2022.

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's use of [REDACTED] [REDACTED] was not addressed in client's Service Plan.

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

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No November 2021 monthly fire drill conducted/completed.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d),(d)(1)- No MD order present for Client #1's [REDACTED] [REDACTED] [REDACTED]

Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

48.(b)(1) Commingled with those of the home, the primary or substitute caregivers, other household members, or other clients; or

48.(b)(2) Used as the home funds or petty cash.

Comment:

48.(a), (b)(1), (b)(2)- Per Client # [REDACTED] personal monthly allowance account record- toiletries supplies such as soap, shampoos, lotions, foods, etc. had been charged to the client's funds.

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Physical Environment

[11-800-49]

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

Comment:

49.(a)(4)- Emergency exit's back door pathway was obstructed with multiple household items preventing a wheelchair to pass through safely in the event of an emergency/evacuation.

Foster Family Home

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:

Comment:

50.(a)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Thaibek Nakamine, RN

Compliance Manager

12/2/2021

Date

Ervingimide de la Cruz

Primary Care Giver

12/2/21

Date