

Foster Family Home - Deficiency Report

Provider ID: 1-190097

Home Name: Mary Grace M. Supan, CNA

Review ID: 1-190097-5

1743 Hoolaulea Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 11/2/2021

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 12/2/2021.

PCG requests to increase from a 2 client CCFFH to a 3 client CCFFH.

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 & CG#2's APS/CAN/Fingerprinting were beyond the 6 months minimum requirements for the background checks results as CG#1 is applying to increase from a 2 client CCFFH to a 3 client CCFFH.

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

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.

Comment:

41.(c)- CG#2 and CG#4 were short of 4 hours each of the required 8 hours of annual in-service training 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.

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)- No list of medications side effects present for Client #1.

47.(e)- No training present for CG#1, CG#2, and CG#4 on Client [REDACTED]'s [REDACTED] [REDACTED]. No MD order present for the specific consistency of [REDACTED] [REDACTED].

Foster Family Home - Deficiency Report

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 and CG#4 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

Maribel Nakamura, RN 11/2/2021

Compliance Manager

Date

[Signature]

11/2/21

Primary Care Giver

Date