

# Foster Family Home - Deficiency Report

Provider ID: 5-150013

Home Name: Norwena B. Visitacion, CNA

Review ID: 5-150013-11

1975 Kaku Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 12/9/2021

## 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 1/9/2022.

■ CG1 is requesting 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#2's APS/CAN/Fingerprinting result was more than 6 months as CG#1 is requesting to increase from a 2 client CCFFH to a 3 client CCFFH.

## 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#2 and CG#7's blood borne pathogen and infection control training lapsed on 11/2021. No current training certification present in the CCFFH binder.

41.(c)- CG#2 and CG#7 were without any hours of annual in services for the year 2021.

41.(g)- No RN signature present in the basic skills checklist for CG#7 in Client #2's chart.

## 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.

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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:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a)- CG#7 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

50.(e)- No doorbell present in the CCFFH's front door for CTA/agency to have a quick access to the CCFFH.

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;

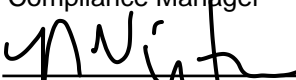
Comment:

54.(c)(2)- Client #1 and Client #2's Service Plans documents only contain the first page (signature page); the rest of the Service plans documents were missing(total of 8 pages for each clients).

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- two medications' labels didn't match the MD orders and the client's Medication Administration Record (MAR). One medication was not available since 11/2/2021(MD order). One medication was not signed from 12/1/2021- 12/8/2021. Client #2- Client's MAR was not signed on 11/29/2021-11/30/2021. One medication's label didn't match the MD order and the client's MAR.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

12/9/2021  
\_\_\_\_\_  
Date

12/9/2021  
\_\_\_\_\_  
Date