

# Foster Family Home - Deficiency Report

Provider ID: 1-180030

Home Name: Zeilanie Tugas, CNA

Review ID: 1-180030-7

94-248 Pupukahi Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/19/2021

## 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 12/19/2021.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance expired on 7/7/2021 and no current result present.

41.(b)(8)- CG#2's CPR/First Aid expired on 10/2021 and no current renewal present.

41(f)(1)- HHM#2's TB clearance expired on 10/15/2021 and HHM#3's expired on 10/13/2021. Both without current results present.

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

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No monthly fire drill present/completed for the month of October 2021.

## 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;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d), (d)(1), (2)- Client #1 with a [REDACTED] no MD order and not addressed in client's Service Plan.

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Foster Family Home

Quality Assurance

[11-800-50]

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.(e)- CCFFH has a gate at the sidewalk that lacked a communication method to the CCFFH for quick access into the CCFFH.

Foster Family Home

Records

[11-800-54]

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)(6)- No monthly RN visit/summary present for the months of May 2021 and June 2021 in Client #1's chart/binder.

Therese Nakamine, RN 11/19/2021  
Compliance Manager Date  
[Signature] 11/19/2021  
Primary Care Giver Date