

Foster Family Home - Deficiency Report

Provider ID: 1-599946

Home Name: Carmenchu Cortez, CNA

Review ID: 1-599946-11

94-885 Kaaholo Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/14/2022

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 4/14/2022.

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

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1), (b)(6) Fire- No monthly fire drill completed for February 2022; CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

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.(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.(c)- No list of medications' side effects present in Client #1's chart.

47.(d), (1), (2)- No written MD order present for Client #1's [REDACTED] and were not addressed in client's service plan.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No written consents present for Client #1 and Client#2's [REDACTED] placed inside of each client's bedrooms.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

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

Client #1- one medication was not transcribed in client's Medication Administration Record(MAR).

Client #2- One medication was not transcribed in client's MAR.

Maikel Nakamine, PA

Compliance Manager

Cristy

Primary Care Giver

3/14/22

Date

3/14/22

Date