

Foster Family Home - Deficiency Report

Provider ID: 1-594673

Home Name: Divina Mapanao, CNA

Review ID: 1-594673-12

91-1643 Auwaha Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 12/13/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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.

Comment:

41.(b)(4) Aggressive dogs were present behind the gate not chained and not following voice commands of CG 1 when Compliance manager entered the property

41.(b)(7) TB clearance for HHM 2 is past due

41.(b)(8) blood born pathogen certification expired for CG 1 2 3 on 4/2021

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 documentations of fire drills since Sept 2021

Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(b)(3) CG 1 bedroom is upstairs, but there is only a [REDACTED] [REDACTED] in Client # 2 bedroom, client # 1 does not have own [REDACTED] or [REDACTED]

49.(c)(3) Client # 2 closet space in packed full of trash bags full of clothing and family supplies in manner infringing on clients use of closet space in his room

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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;

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;

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:

54.(b) white out has been used on several medical record documents instead of approved correction of error in entry

54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(6) Vital signs for client 1 and 2 have not been documented since 11/07/21. Vital sign frequency per Service plan has not been followed since admission of clients

54.(c)(5) Client # 2 is missing a PRN medication [REDACTED] on MAR

54.(c)(7) No proof of Expenditure records for client # 1 and for client #2 none since 7/2021

54.(c)(8) Personal inventory sheet is blank and / or not signed


Compliance Manager


Primary Care Giver

12/13/21
Date

12/13/21
Date