

Foster Family Home - Deficiency Report

Provider ID: 4-180009

Home Name: Faina Borje, CNA

Review ID: 4-180009-7

120 Kealohilani Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 1/12/2022

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 annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 2/12/2022.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) - CCFFH did not have evidence that basic skills have been assessed for CG#2 and CG#3 for client #1.

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) Fire, (3P)(b)(6) Fire - CCFFH did not have evidence that a fire drill was conducted in January or February 2021, No evidence that CG#2 and CG#4 had conducted a fire drill in the last 12 months.

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;

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:

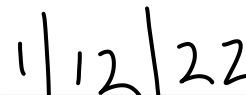
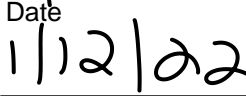
54.(c)(2) - CCFFH did not have evidence that client #1 has a service plan which has been reviewed within the last 6 months.

54.(c)(5) - Client #2's MAR included an ordered medication that did not include a dose, route, frequency.

54.(c)(5) - Client #1's service plan does not address [REDACTED] [REDACTED] which is a new condition for the client.

54.(c)(6) - CCFFH did not have evidence of monthly RN visits/notes in the records for Client #1, #2, #3


Compliance Manager

Primary Care Giver


Date

Date