

# Foster Family Home - Deficiency Report

Provider ID: 1-120042

Home Name: Herbert Sales, NA

Review ID: 1-120042-14

94-1112 Lumikula Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 11/1/2021

## 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 2 bed re-certification.

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

## Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4) 2 adults and 1 child have moved into the upstairs of the CCFFH. No new disclosure, or background checks were done

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No documentation for confidentiality training for 2 new HHM #3 and # 4

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

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

41.(f)(2) Background checks

Comment:

41.(f)(1) CCFFH had 2 unreported household member 3 and # 4 living in the CCFFH. No background checks

41.(f)(2) TB clearance was not provided for HHM 3 and 4 and CG # 4 not present.

# Foster Family Home - Deficiency Report

**Foster Family Home**

**Medication and Nutrition**

**[11-800-47]**

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) Unable to locate a [REDACTED] [REDACTED] for client # 1. Client # 2 has a [REDACTED] [REDACTED] that CG # 1 is unable to verbalize the restrictions included in the order

**Foster Family Home**

**Physical Environment**

**[11-800-49]**

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

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e) CCFFH policy on smoking lists outside of "front door" Both clients smoke in the garage, and client # 1 also smokes in her room unmonitored with the door closed

49.(c)(3)The CCFFH has several areas that were not clean including clients bathrooms and bedrooms. Client # [REDACTED] cannot access the bathroom by wheelchair and uses the edge of the bed unsupervised with chux for bowel movement and large bucket for urine. It had an extreme odor. Client # [REDACTED] has only 2 articles of clothing. [REDACTED] [REDACTED] mattress is damaged, there is a hoier lift that is not his and a closet full of supplies that are not his being stored in the room. Client # [REDACTED] room has old stained and mildew smelling carpet as well as cigarette stains and odor

**Foster Family Home**

**Client Rights**

**[11-800-53]**

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) visiting hours state limited to 9-5. Per "My choice my way" visiting hours cannot be restricted.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(3) Current copies of the client's physician's orders;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

Comment:

54.(b)(1) CCFFH patient binders were in disarray making it difficult to survey especially medication reconciliation. Several discrepancies were noted for medications and CMA notified for the need of full medication reconciliations

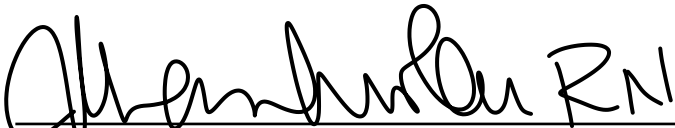
54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice


54.(c)(3) Client # 2 has a signed MD order for [REDACTED] which is not being performed by CCFFH


54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders. This includes [REDACTED] medication that are not present at all, or expired and still being used.


54.(c)(7) Resident account record is blank for client # 1 and # 2. CG 1 states for client # 1, the CG's "mom" holds the funds. For client # 2 it is stated by CG 1 the funds are spent on cigarettes

54.(c)(8) There is no signed inventory for client 1 or 2

  
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Compliance Manager

  
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Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date