

Foster Family Home - ~~Deficiency~~ Report

Provider ID: 1-150035

Home Name: Joyce Sharsy, CNA

Review ID: 1-150035-11

87-556 Manuu Street

Reviewer: Jackie Chamberlain

Waianae HI 96792

Begin Date: 3/16/2022

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

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

Comment:

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

The issue of leaving a client in the CCFFH with an unapproved caregiver will be addressed under separate cover. Please continue to address your Deficiency Report and submit by the due date specified on your deficiency report

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

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)CG # 3 has not received clearance for APS, CAN

HHM 3 and 4 have not been disclosed as HHM. Have not completed background checks

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

Comment:

41.b.4 disclosure form present is not up to date, and includes white out of information

41.(b)(7) TB Screening Clearance is not present for CG 1, HHM 3 and 4

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) CCFFH has not been using any 3 person home Sign Out sheets to track the hours the PCG is out of the home

Foster Family Home - Deficiency Report

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) Client # 1 delegation for [REDACTED] does not instruct on use of [REDACTED] Manufacture instruction to [REDACTED] unused [REDACTED] is not being followed. [REDACTED] in client room
43.(c)(3) Client # 1 delegation for [REDACTED] - [REDACTED] are not dated for open date per manufacture instruction as [REDACTED] expire 6 months after opening

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 2021

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.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner. Indoor and outdoor spaces are swarming with flies including the kitchen and clients bedrooms. Clients bedrooms and bathroom have dirt and grime throughout the floors and walls. Bathroom sink has a black substance floating in water

Foster Family Home

Client Rights

[11-800-53]

53.(b)(8) Have the client's personal and medical records kept confidential;

Comment:

53.(b)(8) No proof of confidentiality training for HHM 2 and 3

Foster Family Home - Deficiency Report

Foster Family Home

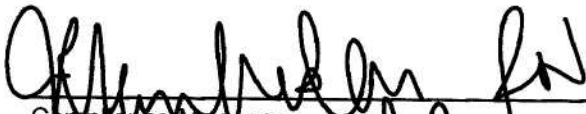
Records


[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)(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.(b)(1) CCFFH administrative binder and clients binders is in disarray making it difficult to survey
- 54.(c)(2) Service plan for clients #1 and have discrepancies between the written service plan, the MD order, and the actual CCFFH practice. Client 2 and 3 unable to determine is service plan is being followed due to outdated documents
- 54.(c)(3) Client # 1 and 3 has a signed MD order for [redacted] monitoring [redacted] and [redacted] logs do not match the electronic stored result in the meter which has accurate date and time. The [redacted] is being shared between 2 clients, but only 1 reading per day is in the memory
- 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.
- 54.(c)(5) Client # 3 is missing 3 prescription medications which have not been given for 7 days although are signed as given. No documentation that MD was notified. AE is required
- 54.(c)(5) No MAR documentation for March for client 1,2, and 3
- 54.(c)(6) No daily documentation for March for client 1,2 and 3. [redacted] readings were inputted during the inspection for March but are not accurate as the [redacted] does not have in stored memory and only 1 [redacted] present in the CCFFH. AE needed as client 1 has a medication hold order for [redacted] under [redacted]


Compliance Manager


Primary Care Giver

3/16/22
Date

3/16/22
Date