

Foster Family Home - Deficiency Report

Provider ID: 1-200058

Home Name: Kimberly Mercado, CNA

Review ID: 1-200058-3

91-112 Haloko Place

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 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 Personnel and Staffing [11-800-41]

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) TB for CG # [REDACTED] not accepted due to date of 2018 scratched out and replaced with 2021 and incomplete form re: previous [REDACTED] result date and HHM # [REDACTED] with no clearance after a [REDACTED] result

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) No RN delegation present for Client # 1 for CG 2 3 and 4. There is a blank signature from the CMA RN for unknown CG skill tasks. Client is on a [REDACTED] [REDACTED] [REDACTED] [REDACTED] with no delegations for any caregiver

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) internal emergency management policies and procedures acknowledgment is missing for missing CG 3, 4, 5

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

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

Comment:

53.(b)(15) There were [REDACTED] [REDACTED] in Client # 1 bedroom. There were no consent forms for use of [REDACTED] [REDACTED]. Use of [REDACTED] is a violation of client privacy without proper consent.

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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)(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;

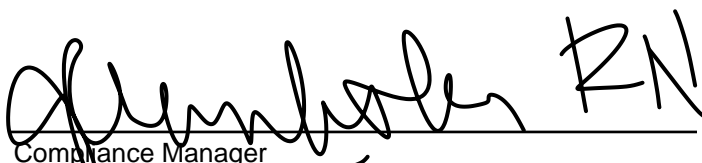
Comment:

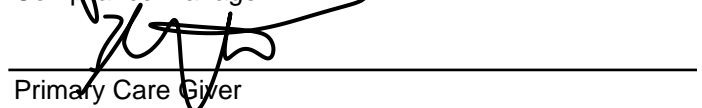
54.(c)(2) Service plan for client #1 is missing completely client admitted [REDACTED] Unable to determine if service plan has been followed

54.(c)(3) Client # 1 admitted on [REDACTED] there is no signed MD orders including for [REDACTED], [REDACTED], [REDACTED], [REDACTED] client currently on [REDACTED] [REDACTED] [REDACTED] [REDACTED]

54.(c)(5) Client # 1 regarding [REDACTED] [REDACTED] MAR says [REDACTED] at [REDACTED] / but in dose column says [REDACTED] [REDACTED] Unable to determine if given per MD orders as there is no signed MD orders

54.(c)(6) No evidence of Daily documentation of the provision of services through personal care or skilled nursing daily check list or vital signs since admission


Compliance Manager


Primary Care Giver

12/13/21
Date

12/13/21
Date