

Foster Family Home - Deficiency Report

Provider ID: 1-180002

Home Name: Kristel Charm Gabur, CNA

Review ID: 1-180002-7

94-245 Pupukoa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 12/29/2021

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 1/29/2022.

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

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(f)(1)- No TB clearance result present for HHM#3 in the CCFFH binder.

41.(g)- No Basic Skills Checks completed for CG#9 and CG#10 on Client #2.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(e)(2) Fire Emergency escape and rescue routes shall be provided in the sleeping rooms of the clients. The routes shall be in accordance with applicable county one and two family building code requirements;

Comment:

(3P)(e)(2)Fire- No Emergency Escape/rescue route/map present in Client #1's bedroom.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects present in Client #1's chart.

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)- Client #1's [redacted] was not accessible to client's use as the [redacted] was located out of client's reach (located too far from the bed). No [redacted] present near the client's bedside as stated in client's Service Plan to provide client with a [redacted] within reach.

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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)- CG#9 and CG#10 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home

Records

[11-800-54]

54.(a) Each home shall maintain an administrative notebook including but not limited to

54.(a)(1) Emergency procedures and an evacuation map;

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)(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.(a)- CCFFH binder/chart was in disarray which made it difficult to survey.

54.(a)(1)- CCFFH's Emergency/Evacuation Map did not reflect the CCFFH's current structure.

54.(b)- Client #1's chart lacked signatures of caregivers of the following entries on 5/26/21, 10/3/21, 12/1/21, and 12/24/21.

54.(c)(5)- Medication discrepancies noted for Client #2. One medication's label and MD's order didn't match the Medication Administration Record (MAR). Another medication didn't match the MD's order of administration time in the client's MAR.

54.(c)(6)- No Vital signs results written in Client #1's chart for the following dates: October 16, 2021 thru November 10, 2021.

Maribel Nakamine, RN 12/29/2021
Compliance Manager Date
[Signature] 12/29/2021
Primary Care Giver Date