

Foster Family Home - Deficiency Report

Provider ID: 1-511643

Home Name: Loreen Troxel, CNA

Review ID: 1-511643-10

98-881 Iliee Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 2/18/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of corrections due to CTA on 3/18/2022.

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 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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2)- Client #1's Service Plan dated [REDACTED] without the Client/POA's signature and Client #3's Service Plan dated [REDACTED] also without the Client/POA's signature.

54.(c)(5)- Medication discrepancies noted for Client #2 and Client #3. For Client #2- one medication did not have an MD order.

Client #3- one lifesaving medication was not transcribed in the Medication Administration Record (MAR) for the February 2022.

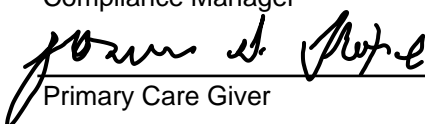
54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed on 2/14/22.

54.(c)(8)- Client #1's Personal Inventory list was not done; form was blank.

 Maribel Nakamine, RN 2/18/22

Compliance Manager

Date

 Joan St. Pierre

2/18/22

Date