

Foster Family Home - Deficiency Report

Provider ID: 1-120076

Home Name: Mary Cachola, CNA

Review ID: 1-120076-11

94-745 Kime Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/15/2022

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 correction due to CTA on 3/15/2022.

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 on a [REDACTED] [REDACTED] [REDACTED] in Client #1's chart for CG#1, CG#2, CG#3, and CG#4.

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

47.(d) Use of physical or chemical restraints shall be:

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

Comment:

47.(d), (1)- No written MD order present in Client #1's chart for a [REDACTED] [REDACTED].

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

50.(b) Adverse events shall be reported

Comment:

50.(b)- No Adverse Event form completed for Client #1's [REDACTED] [REDACTED] [REDACTED] upon admission to CG#1's CCFFH.

Foster Family Home Records [11-800-54]

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:

Comment:

54.(b)- No signatures present in Client #1's progress/observation notes after each dated entries.



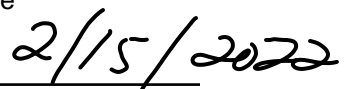
Compliance Manager



Primary Care Giver



Date



Date