

Foster Family Home - Deficiency Report

Provider ID: 1-512633

Home Name: Shirley Gapuz, NA

Review ID: 1-512633-12

91-1178 Kuano'o Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 12/22/2021

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 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) No current ECRIM for CG 1 or 2

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 [REDACTED] [REDACTED]

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 evidence of Unannounced Fire Drill since 2018

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

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

Comment:

53.(b)(15) visiting hours state limited. Per "My choice my way" visiting hours cannot be restricted. This is a repeat citation from 2020

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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)(6) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

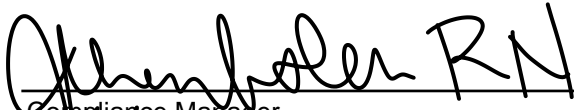
54.(c)(6) Service plan for clients #1 and # 2 have not been signed by the client or POA

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) MAR for client 1 and 2 has not been signed since Dec 4. 1 medication for client # 2 has not been signed as given since admission June 2021 (topical shampoo)

54.(c)(6) Flow sheets not completed for November or December


54.(c)(8) Client # 1 Personal inventory sheet is not signed Client # 2 Personal inventory sheet is blank



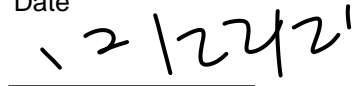
Compliance Manager



Primary Care Giver



Date



Date