

Foster Family Home - Deficiency Report

Provider ID: 1-160034

Home Name: Editha N. Ponce, CNA

Review ID: 1-160034-9

706 Hooluu Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 4/11/2022

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 5/11/2022.

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

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.(c)- CG#1 was short of 2 hours of annual in service for the year 2021; CG#2 was short of 4 hours of the annual in service for the year 2021.

41.(g)- CG#2 without the Basic Skills checks completed in Client #1's chart.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- No Sign In/Out Forms completed for the year 2021.

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

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(2), (6)- No nighttime fire drill conducted for the year 2021; CG#2 without evidence of having conducted a monthly fire drill for the year 2021.

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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)- CG#2 was without evidence of having had the CCFFH's Emergency Preparedness Plan training.

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;

Comment:

54.(c)(2)- Client [redacted] Service Plan in chart expired on [redacted].

54.(c)(5)- One [redacted] medication without a written MD order in Client #2's chart.

54.(c)(6)- No RN monthly visit/summary notes present in Client [redacted] chart for the months of February 2021, May 2021, September 2021, October 2021, November 2021, and January 2022.

Shawkel Nakamine, RN 4/11/22

Compliance Manager

Date

[Signature]
Primary Care Giver

Date

4/11/22