

Foster Family Home - Deficiency Report

Provider ID: 1-110005

Home Name: Irene Redoble, CNA

Review ID: 1-110005-12

94-412 Opeha Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/21/2022

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 4/21/2022.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on [REDACTED]; done on [REDACTED]. CG#3's TB clearance lapsed on [REDACTED]; done on [REDACTED].

41.(b)(8)- CG#3's CPR lapsed on [REDACTED] and no current certification present; Basic First Aid certification none present in the CCFFH binder.

41.(c)- CG#2 was short of 6 hours of annual in service.

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),(b)(6) Fire- No nighttime fire drill conducted for the past 12 months. CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

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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.

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

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

Comment:

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

47.(c)- Client #2 with MD order for [redacted] checks [redacted] a day and coverage of [redacted] on a [redacted] [redacted]. Client was only being covered with [redacted] once a day according to the [redacted] [redacted]. Questionable if client should have had the [redacted] dose coverage when [redacted] checked [redacted] a day. CG#1 and CMA RN to determine whether a medication error occurred.

41.(d), (d)(1)- No written MD order present for Client #1's [redacted] [redacted] [redacted].

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:

54.(c)(5) Medication schedule checklist;

Comment:

54.(b)- Client [redacted] observation/progress notes were written on a scratch paper (not in client's chart) without any dates/time and signatures of caregivers who wrote each entry.

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- one medication's label and MD order didn't match the client's Medication Administration Record.

Client #2- two lifesaving medications on a daily schedule were not on hand during CCFFH inspection/survey.

Client #3- Medication Administration Record was last signed on 3/16/21.

Thaiskel Nakamine, MA

Compliance Manager

Inpedoble

Primary Care Giver

3/21/22

Date

3/21/22

Date