

Foster Family Home - Deficiency Report

Provider ID: 1-190028

Home Name: Karen Pasion Britten, CNA

Review ID: 1-190028-7

94-284 Loaa Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 4/19/2022

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 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) 3 Adult HHM live in a portion of this single family home that is divided by an inside door. Another new HHM lives in the portion with the clients. The 4 adults do not have proof of have background checks, TB clearance, confidentiality training

Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4) The front of this single family home has an front door entrance. The portion of the home rented by the CCFFH is through a car port. There is no signage to inform visitors or surveyors how to locate the clients

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 BGM

Client # 2 for [REDACTED] including a [REDACTED] nurse notes list different [REDACTED] recommendations that the CCFFH practice. The [REDACTED] was open and [REDACTED] the time of survey

Client # 3 no delegation for [REDACTED] or [REDACTED]

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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 documentation of fire drills since 2/22

Foster Family Home

Client Rights

[11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) - Client # 2 has a [redacted] with 2 [redacted] pushed to bedside to create [redacted]. This is not listed in MD orders or service plan

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)(3) Current copies of the client's physician's orders;

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

Comment:


54.(c)(2) Service plan for clients #1 2 and 3 are outdated and have discrepancies between the written service plan, the MD order, and the actual CCFFH practice including 2 clients on [redacted] listed as a provider

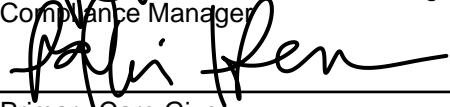
54.(c)(3) Client # 1 there is no signed MD orders for diet, medications, fluid restriction [redacted] daily weights (CCFFH has been recording daily weights but has been weighing in the PM verses the "dry" weight first thing each morning.

54.(c)(3) Client #1 has no signed MD order for frequency [redacted] monitoring. The [redacted] shows different results than is on the client BGM log

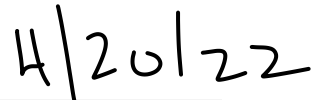
54.(c)(5) Client 1 has t [redacted] both in pen delivery system. CG 1 has not been following delegation for the [redacted] prior to [redacted]. CMA notified to rectify today

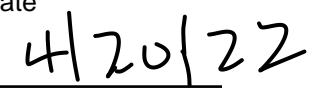
54.(c)(5) Client 1 has 2 [redacted] medications label states take together but they are documented as given 12 hours apart



Compliance Manager


Primary Care Giver



Date


Date