

Foster Family Home - Deficiency Report

Provider ID: 1-180040

Home Name: Olivia Sadio, CNA

Review ID: 1-180040-7

94-1006 Lumi Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/28/2022

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 4/28/22.

PCG requests to increase from a 2 client to a 3 client CCFFH.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2)- CG#4 and CG#5's APS/CAN/Fingerprint both lapsed on 6/25/21 and renewed on 10/27/21.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

Comment:

41.(a)(3)- No Job Experience Forms completed by CG#4 as CG#1 was applying to increase from a 2 client to a 3 client CCFFH.

41.(b)(8)- CG#4 without any Basic First Aid certification present.

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 delegations present for CG#2 and CG#4 on Oral Medications Administration and [REDACTED] in Client #2's chart.

Foster Family Home - Deficiency Report

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)Fire- No nighttime monthly fire drill conducted for the past 12 months.

(3P)(b)(6)Fire- CG#2 and CG#5 were without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

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 in Client #1's chart.

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

Foster Family Home

Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

48.(b)(1) Commingled with those of the home, the primary or substitute caregivers, other household members, or other clients; or

48.(b)(2) Used as the home funds or petty cash.

Comment:

48.(a),(b)(1), (b)(2)- Per Client #2's Account Record- client was charged for transportation costs, snacks, juice, pastries, etc. from the client's monthly allowances. Also there were no receipts of expenditures present in client's chart.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No written authorization present for [REDACTED] placed inside Client #1 and Client #2's bedrooms.

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 of caregivers/CG#1 present in Client #1's progress/observation notes from [REDACTED].

Maibelle Nakamine, M 3/28/22
Compliance Manager Date

[Signature]
Primary Care Giver

3/28/22
Date