

Foster Family Home - Deficiency Report

Provider ID: 1-100064

Home Name: Connie Banda, NA

Review ID: 1-100064-11

94-589 Kaiewa Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 5/4/2022

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 2 bed recertification inspection.

Deficiency Report issued during CCFFH inspection 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) HHM # █: N proof of background checks

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

41.(d) The substitute caregiver who provides three or more hours of services per day to a client shall, at a minimum, be a NA.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) No proof of TB clearance for HHM █

41.(d) CG █ was the CG at the time of inspection. CG █ has exceeded the 3 hour maximum allowed as a non-Nurses assistant

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 for 2022

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Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3) Clients room is downstairs, CG's room is upstairs without a system in place for the client to call for help

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e) CTA arrived at the home with no answer to the door bell. Client opened the door and yelled upstairs for CG. CTA called CG 1 on the phone with no answer, and called CG 4's (who was upstairs at the time) telephone. It took 15 minutes for CTA and client to get the attention of the CG

Foster Family Home

Records

[11-800-54]

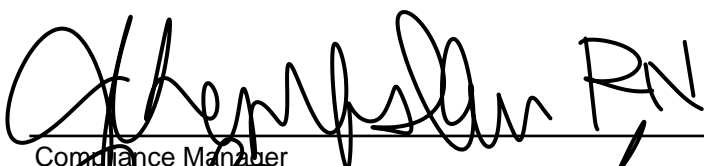
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

Comment:

54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFH practice for vital sign frequency

54.(c)(5) The Medication administration record lists an [redacted] medication via [redacted]. The medication is not available in the CCFH.


Compliance Manager


Primary Care Giver

5/5/22
Date

5/5/22
Date