

Foster Family Home - Deficiency Report

Provider ID: 1-110059

Home Name: Imelda Del Rosario, CNA

Review ID: 1-110059-13

3402 A Maluhia Street

Reviewer: Po Lim

Honolulu

HI 96816

Begin Date: 4/21/2022

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

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

Comment:

6.d.1 Inspection completed for 2 bed recertification. Deficiency report issued during inspection. Plan of Correction due to CTA by 5/21/22.

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). No fingerprint for CG ■

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.(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.b.7) Expired TB clearances for C ■ and C ■

(41.b.8). Missing CPR, First AID, and BBP for C ■

41.g. No basic skill check for CG ■ present. No RN signature present on any ■ G basic skills check.

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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.

46.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.a. No fire drills present December 2021.

46.b.1. CCFFH has two client unable to self evacuate. There was no designated person available during inspection.

46.b.2. Missing fire drills run by CG ■

Foster Family Home

Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

Comment:

50.b. Untimely documentation of medications is considered a medication error. CCFFH has not submitted an adverse event report.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.a.1 General liability insurance did not have C ■ and ■ listed

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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;

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.b White was noted on Medication Administration Record for dates in the future.

54.c.5 Medication discrepancies noted during inspection.

Client [REDACTED] Prescription label on 3 bottles did not match the medication administration record (MAR). Two medications were listed twice on the MAR. Medications were improperly documented. One medication was documented as being given twice. The order was for once.

Client [REDACTED] Two medications present and being administered were not listed on April 2022 MAR. One medication was not refilled and hasn't been available since 4/19/22 in the AM per CG#1. CG#1 states family has to pay for it and is awaiting family for delivery of medication. Prescription label on 5 medications did not match MAR.

54.c.6 Daily activities of daily living flow sheets and Medication administration records had not been signed for/completed since 4/19/22 in the morning.

[REDACTED] [REDACTED] [REDACTED] for client [REDACTED] were not documented since 4/19/22 in the AM.

Nursing visit for March 2022 was not present in record although April 2022 was present.

Compliance Manager

Primary Care Giver

4/21/22

Date

4/21/22

Date