

Foster Family Home - Deficiency Report

Provider ID: 1-512419

Home Name: Filma Benigno, CNA

Review ID: 1-512419-13

94-302 Hilihua Way

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 6/13/2022

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 inspection with corrective action plan due to CTA within 30 days of inspection.

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

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

Comment:

41.(f)(1) No proof for CG 1 or HHM 1 or 2 that they qualify for screening form only

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 [REDACTED] CG [REDACTED] or [REDACTED]

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 Unannounced Fire Drill document since 3/2022

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)(2) Reflected in the client's service plan; and

Comment:

47.(d)(2) Client [REDACTED] has nothing in the service plan regarding the client on high risk medication [REDACTED] [REDACTED]. CG [REDACTED] cannot describe the [REDACTED] precautions, side effect or what the medication is for (replied "[REDACTED]")

47.(c) Client [REDACTED] a high risk [REDACTED] [REDACTED] and a [REDACTED] [REDACTED] medicine has been administered different from the MD order and MAR.

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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.

Comment:

48.(a) No documentation on client [redacted] funds

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;


54.(c)(8) Personal inventory.

Comment:


54.(c)(2) Service plan for clients [redacted] is outdated [redacted]. Unable to determine if service plan is being followed

54.(c)(5) Medication discrepancy for client [redacted] medication prescription label did not match medication administration record and / or the signed MD orders

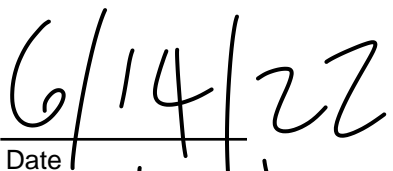
54.(c)(8) client [redacted] - no personal inventory is present




Compliance Manager



Primary Care Giver



Date



Date