

Foster Family Home - Deficiency Report

Provider ID: 1-180065

Home Name: Epifania Tagaca, CNA

Review ID: 1-180065-9

94-715 Kaaka Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 6/19/2022

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 2 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) No proof that CG ■ qualifies for screening form only

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) None since 4/22

Foster Family Home Physical Environment [11-800-49]

49.(d) When there are intended changes to the home, the department shall be notified prior to the changes occurring.

Comment:

49.(d) CCFFH has changed the layout of which rooms are designated for clients. A new home floorplan is needed

49(a)2 There are no grab bars reachable from the clients toilet

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) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

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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) order for [redacted] for client [redacted] is for [redacted] only. [redacted] are being used

Foster Family Home

Records

[11-800-54]

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;

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:


54.(c)(5) Clie [redacted] and [redacted] medication administration record has not been signed since 6/17/22 for any routine medications including a [redacted] x per [redacted] for clie [redacted] which has hold parameters

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


54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list has not been filled out for 6/17/22 including a [redacted] times per [redacted] with medication parameters

54.(c)(7) No expenditure records for client [redacted]

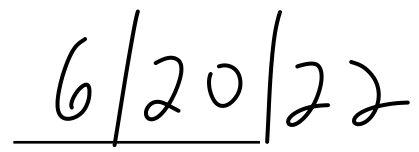
54.(c)(8) No personal inventory for client [redacted]



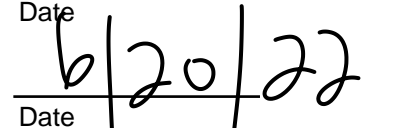
Compliance Manager



Primary Care Giver



Date



Date