

# Foster Family Home - Deficiency Report

Provider ID: 1-210071

Home Name: Victoria B. Baxa, CNA

Review ID: 1-210071-3

2304 Hoohai Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 6/9/2022

## 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 7/9/2022.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for HH [REDACTED].

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

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8)- C [REDACTED]'s bloodborne pathogen and infection control certification lapsed on [REDACTED] and renewed on [REDACTED].

41.(c)- CG [REDACTED] without any hours of annual in services for the year 2021.

## 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 monthly fire drill completed for the months of April 2022 and May 2022.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

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.(c)(3)- No written MD orders (admission to CCFFH) present in Client # [REDACTED] chart.

54.(c)(5)- Medication discrepancies noted for Client [REDACTED] and Client [REDACTED].

Client [REDACTED] - one medication did not have a written MD order.

Client [REDACTED] No Medication Administration Record (MAR) for the months of [REDACTED] 2022 and [REDACTED] 2022. One medication was not transcribed in the MAR. One medication's label did not match the MAR. CTA was unable to verify as there was no MD order present in client's chart.

54.(c)(6)- Client [REDACTED] ADL/Daily Care Flowsheet was last signed on [REDACTED]. Client [REDACTED] and Client [REDACTED] progress notes were written on a scratch paper. Both did not contained signatures of caregivers after each dated entries.

*Maikel Nakamine, RN*

Compliance Manager

Date

*6/9/22*

*[Signature]*

Primary Care Giver

Date

*6/9/22*