

# Foster Family Home - Deficiency Report

**Provider ID:** 1-559156

**Home Name:** Vilma Rabena, CNA

**Review ID:** 1-559156-12

91-933 Ahona Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/7/2022

Foster Family Home	Required Certificate	[11-800-6]
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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]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CG ■ has screening form only without proof of criteria

Foster Family Home	Client Care and Services	[11-800-43]
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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 ■ there is no delegation for ■ or ■

Foster Family Home	Fire Safety	[11-800-46]
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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 evidence of Fire drills conducted since 2020

Foster Family Home	Medication and Nutrition	[11-800-47]
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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.

Comment:

47.(c) Medication errors and discrepancies between the Medication administration record / signed MD order were identified during this survey in regard to ■■■ administration. An adverse event form is required to report immediately to the client's physician, and the case management agency

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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)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:

54.(c)(2) Service plan for clients ■ and # ■ have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(3) There is a doctors order for ■ monitoring ■ times per ■ with ■. The ■ memory shows monitoring varies from ■ me per ■ to ■ times, and the ■ not given when parameters met to give.

54.(c)(7) Client # ■ No Personal allowance log documentation


54.(c)(8) Personal inventory is blank

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

Client # ■ 1 medication has not been signed as given for June. 2 medications are not present in the CCFFH (have not yet been refilled)

 RN

Compliance Manager

  
Primary Care Giver

6/8/22

Date

6/8/22

Date