

Foster Family Home - Deficiency Report

Provider ID: 1-110057

Home Name: Angelina Madrid, NA

Review ID: 1-110057-12

530 Kani-ahe Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 6/27/2022

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 7/27/22.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- C ■'s TB clearance lapsed on ■ and no current clearance result present; C ■'s TB clearance dated ■ was signed by a Medical Assistant- did not meet current TB clearance requirement to be signed by an MD, APRN, or PA.

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 delegations present for CG#1, CG#2, CG#3, CG#4, and CG#5 on ■■■■■/■■■■■ Change in Client ■ and Client ■ charts.

Foster Family Home Quality Assurance [11-800-50]

50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(b), (1), (2)- No Adverse Event completed for Client ■ missed doses of daily ■ (was ordered ■ - total of ■ inside bottle; total dispensed ■ by pharmacy; total left in bottle was ■; signed by C ■ in client's medication administration record (MAR) was ■ doses, however, there were 11 capsules left inside the bottle. C ■ was unable to explain discrepancy.

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Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No written authorization from POA/Guardian for the [redacted] [redacted] [redacted] inside Client [redacted] and Client [redacted]'s bedrooms.

Foster Family Home

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:

Comment:

54.(b)- No caregivers/C [redacted]'s signatures were present for each dated entries in Client # [redacted] progress/observation notes.

Manibel Nakomiel, R 6/27/22

Compliance Manager

Date

Abmadiid

Primary Care Giver

Date

6/27/22