

Foster Family Home - Deficiency Report

Provider ID: 1-562042

Home Name: Wilma Cauton, CNA

Review ID: 1-562042-11

94-295 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/29/2022

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 annual inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/29/22.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2)- C ■■■ Ecrim lapsed on ■■■■ and was done on ■■■■; C ■■■s Ecrim lapsed on ■■■■ and was done on ■■■■; C ■■■ Ecrim lapsed on ■■■■ and was done on ■■■■. HH ■■■s APS/CAN lapsed on ■■■■ and was done on ■■■■. HH ■■■ APS/CAN lapsed on ■■■■ and was done on ■■■■. HH ■■■s APS/CAN/Fingerprint lapsed on ■■■■ and was done on ■■■■.

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 HHM ■■■

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)- TB clearance for HH ■■■ lapsed on ■■■■ and no current result present in the CCFFH binder.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P) (b)(2) Staff- C ■■■ was not home at the start of inspection/survey and C ■■■ and C ■■■ were watching the Client ■■■ and Client ■■■. There was no entry in the CCFFH's Sign In/Out Sheet to reflect the current situation.

Foster Family Home - Deficiency Report

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)- There was no signature of Client [REDACTED] CMA RN for C [REDACTED]'s RN delegations.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P) (b)(2) Fire- No nighttime monthly fire drill conducted/completed for the past 12 months.

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)- CCFFH with a closed gate at the sidewalk. There was no gate buzzer/intercom for CTA/agency to have quick access/communication with the CCFFH. CTA waited and called out at the gate for approximately 10 minutes.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies were noted for Client [REDACTED] Client [REDACTED], and Client [REDACTED] Client [REDACTED] Evening medications [REDACTED], [REDACTED] were signed ahead of time. One medication's label did not match the MD's order and the client's Medication Administration Record (MAR). There was one medication that was not written/transcribed in the client's MAR.

Client [REDACTED] Client's MAR for the month of [REDACTED] 2022 did not contained signature that medications were given on [REDACTED] [REDACTED], and [REDACTED] [REDACTED], 2022. There were two morning medications that were signed today by CG#4 and admitted that medications were not administered to client. All [REDACTED] medications were signed ahead of administration time.

Client [REDACTED] client's March 2022 MAR was not signed on [REDACTED] [REDACTED] thru [REDACTED] [REDACTED], 2022. All [REDACTED] medications were signed ahead of today's administration time.

Mariabel Nakamie, RA 6/29/22
Compliance Manager
Theresa F. Cant
Primary Care Giver
PCG 6/29/22
Date