

Foster Family Home - Deficiency Report

Provider ID: 1-509268

Home Name: Emmanuel Arreza, CNA

Review ID: 1-509268-14

94-1385 Hiaai Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 8/17/2022

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 9/17/22.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(a)(3)- No completed Job Experience form or verification letters of experiences on CG#1.

41.(b)(7)- CG#4's TB clearance lapsed on 7/12/22 and no current result present.

41.(g)- CG#4 and CG#6 were without basic skills checks completed.

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 on Oral medications administration in Client #1's chart for CG#4 and CG#6 and in Client #2's chart, there was no RN delegations on Oral/Nasal medications administration for CG#6.

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No nighttime monthly fire drill completed for the past 12 months. CG#4 without evidence of having conducted a monthly fire drill for the past 12 months.

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Medication and Nutrition

[11-800-47]

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)- No list of medications' side effects present in Client #1's chart.

Foster Family Home

Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a)- Client #2's Expense Account Record was not updated for the past 12 months. CCFFH is currently responsible for updating client's monthly allowances and expenses.

Foster Family Home

Records

[11-800-54]


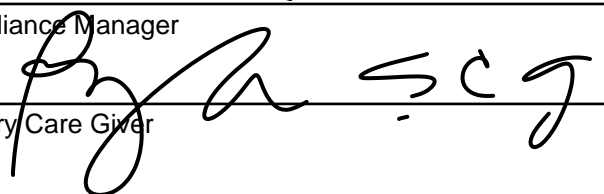
54.(c)(5) Medication schedule checklist;

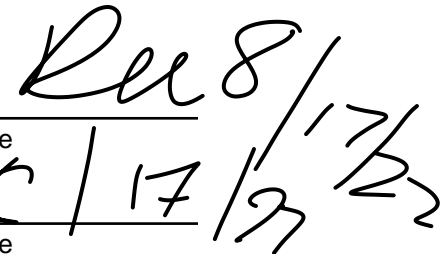
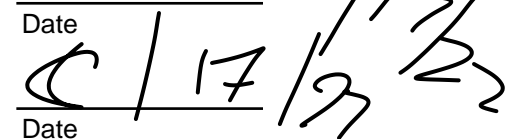
54.(c)(8) Personal inventory.

Comment:

54.(c)(5)- Medication discrepancy noted for Client #1. One oral medication was not written in the client's August 2022 Medication Administration Record (MAR).

54.(c)(8)- Client #1's Personal Inventory List was not completed upon client's admission to CCFFH. Form was blank at time of CCFFH survey/inspection.


Compliance Manager

Primary Care Giver


Date

Date