Foster Family Home - Deficiency Report

Provider ID:	**4-100104**		
Home Name:	**Encarnacion Mendez, CNA**	**Review ID:**	**4-100104-15**
322 South Lehua Street		Reviewer:	Terri Van Houten
Kahului HI 96732		Begin Date:	10/6/2022

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/17/22.

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) - The CCFFH did not have evidence of RN delegations signed by each CG for client #2 and client #3.

3 Person Fire Safety, Natural Disaster	**3 Person Fire Safety**	**(3P) Fire**

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - CCFFH did not have evidence that fire drills were completed in 2021 from January through November.

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) - Client #2 and Client #3 had orders for pureed diets with thickened liquids. CCFFH had evidence of training related to aspiration precautions but did not have evidence of training specific to the special feeding needs of these clients.

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Foster Family Home	Records	[11-800-54]

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;
54.(c)(8)	Personal inventory.

Comment:

54.(c)(5) -
CCFFH did not have evidence that the medications were being documented daily on the MAR for clients #1, #2, and #3. The MAR for client #1 and #2 was last documented on 9/6/22 and the MAR for client #3 was last documented on 8/31/22.
54.(c)(5) - Client #2 had an order for a medication that was not listed on the MAR in September 2022. Unable to confirm if the medication had been administered as ordered.

54.(c)(6) - CCFFH did not have evidence that the ADLs were being documented daily on the personal care checklist for clients #1, #2, and #3. The ADL flowsheet for client #1 and #2 was last documented on 9/6/22 and the MAR for client #3 was last documented on 8/31/22.

54.(c)(8) - The CCFFH did not have evidence that the personal inventory log had been completed for client #1.

Compliance Manager — Date 10/6/22

Primary Care Giver — Date 10/4/2022