

# Foster Family Home - Deficiency Report

Provider ID: 5-200049

Home Name: Jezzy Sokau, CNA

Review ID: 5-200049-5

3914 Lawehana Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 9/12/2022

## 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 10/12/22.

## 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)- CG#3's APS/CAN/Fingerprinting lapsed on 4/8/22 and no current result present.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7)- CG#2's TB clearance result lapsed on 11/9/21 and was done on 3/7/22.

41.(b)(8)- CG#1 and CG#3 were without First Aid certifications present.

41.(c)- CG#3 was short of 2 hours of the annual in-service trainings.

## 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.

Comment:

46.(a)- No monthly fire drill completed for August 2022. There was no nighttime fire drill conducted for the past 12 months.

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## Foster Family Home

## 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 was present in Client #1's chart.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No grab bars installed near toilet in clients' bathroom.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

Comment:

50.(b)- No Adverse event form was completed for Client #1's Right wrist bruise sustained on 7/15/22 per incident documented in client's progress note.

## Foster Family Home

## Records

[11-800-54]


54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;


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

Comment:

54.(c)(2)- Client #2's Service Plan expired on 3/21/22 and no current plan present in client's chart. Client #1's Service Plan dated 4/22/22 was not updated as to client's status.

54.(c)(5)- Medication discrepancies noted for Client #1's Medication Administration Record (MAR) for February 2022- date column on days 29,30,31 contained CG#1's initials- month of February ended on day 28. One daily medication's dose didn't match the medication's label against the client's September 2022 MAR.

  
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Compliance Manager

  
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Primary Care Giver

Date 9/12/22  
Date 9/12/22