

Foster Family Home - Deficiency Report

Provider ID: 1-590308

Home Name: Jocelyn Lomboya, CNA

Review ID: 1-590308-13

207 Kilani Place

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 9/15/2022

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 10/15/22.

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)- CG#2's TB clearance lapsed on 11/20/21 and was done on 9/8/22.

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

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d), (d)(1)- No MD order present for Client #1's bedrails(full) in client'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)- No Personal Account Record present for Client #1 in client's chart.

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- Kitchen area with 3 steps- not wheelchair accessible for CCFFH clients.

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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:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e),(e)(1)- Client #2's chart was not available to be reviewed at time of CCFFH inspection. Per CG#2, CG#1 took client's chart with to work.

Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a), (b), (c)- No monthly budget present for the past 12 months in the CCFFH binder.

Foster Family Home 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:

54.(b)(9)- Client #2's bedroom door lock was outside. Under the My Choice My Way, door lock should be inside for client's privacy rights.

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)- No signature of POA in Client #1's current Service Plan.

54.(c)(5)- Medication discrepancies noted for Client #1.

Client #1- Medication Administration Record (MAR) for May 2022 was missing signatures: one pm medication was not signed from 5/26-29 and 5/31/22. Another pm medication was not signed from 5/26-5/31/22. One am medication was not signed from 5/27-5/31/22. Two am daily medications were not signed on 5/31/22.

Two medications were not transcribed in the September 2022 MAR. One was a daily lifesaving medication (unknown whether client was being administered the medication daily) and the other was as needed.

Michael Yukonine, RN

Compliance Manager Date 9/15/22

[Signature] *SCG*

Primary Care Giver Date 9/15/22