

# Foster Family Home - Deficiency Report

Provider ID: 1-130045

Home Name: Joereilyn Bugausan, CNA

Review ID: 1-130045-13

94-1064 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 8/16/2022

## 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 (POC) due dot CTA on 9/16/22.

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

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

Comment:

8.(a)(2) - CG#3's APS/CAN lapsed on 7/21/22 and no current result present; CG#4's lapsed on 3/11/22 and was done on 6/20/22.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

Comment:

41.(b)(4) - CG#2 without a [REDACTED] caregiver disclosure form present.

41.(b)(8)- CG#3 and CG#6 were without the basic first aid certification.

## 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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(2), (6) Fire- No nighttime monthly fire drill completed for the past 12 months. CG#3 and CG#4 were 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.

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.(c)- No list of medications' side effects present for Client #1.

47.(e)- No training present for nectar thickened liquids in Client #1's chart for CG#1, CG#2, CG#3, CG#4, CG#5, and CG#6.

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Records

[11-800-54]

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)(6)- No 8/2022 diabetic flowsheet present in Client #1's chart.

54.(c)(6)- No monthly RN Visit Summary for the months of April 2021, May 2021, September 2021, January 2022, and April 2022 in Client #1's chart.

54.(8)- No Personal Inventory list completed for Client #1.

Shantel Nakamine, RN 8/16/22  
Compliance Manager Date  
[Signature]  
Primary Care Giver Date 8/16/22