

# Foster Family Home - Deficiency Report

Provider ID: 1-210089

Home Name: Maria Charisse A. Bisquera,  
NA

Review ID: 1-210089-3

94-571 B Ana-Aina Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/3/2022

Foster Family Home	Required Certificate	[11-800-6]
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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 11/3/22.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(1) Reside in the community care foster family home;

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.(a)(1)- no written authorization from landlord/rental agreement that CG#1 can operate a CCFFH in landlord's property.

41.(c)- CG#1 was short of 2 hours of annual in-service training for the year 2022.

Foster Family Home	Medication and Nutrition	[11-800-47]
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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)- Client #1 with an MD order to check blood sugar 4x/day and was also in client's current Service Plan. Client's blood sugar checks were only done as 3x/day per client's blood sugar flowsheet. Per CG#2, she was told by previous caregiver to check client's blood sugar 3x/day.

Foster Family Home	Quality Assurance	[11-800-50]
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50.(b) Adverse events shall be reported

Comment:

50.(b)- MD's written order was not followed on Client #1's frequency of blood sugar checks/monitoring.

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Foster Family Home

Client Rights


[11-800-53]

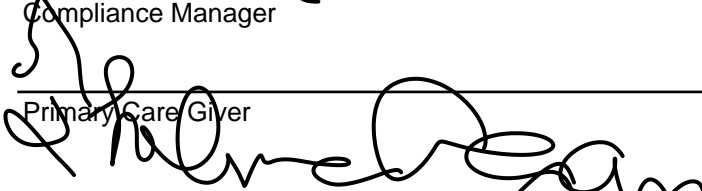
53.(b)(9)


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:

53.(b)(9)- No approved lock in Client #2's bedroom doorknob. Under the My Choice My Way, door lock should be provided for client's privacy rights.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Primary Care Giver

Date 10/3/22

Date 10/3/22

Date 10/3/22