

Foster Family Home - Deficiency Report

Provider ID: 1-170070

Home Name: Marjorie Peroche, CNA

Review ID: 1-170070-10

94-827 Lumikuke Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/7/2022

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 10/7/22.

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#1's APS/CAN/Fingerprinting result lapsed on 11/20/21 and was not done until 1/12/22.

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

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

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 lapsed on 6/8/22 and no current result was present.

41.(c)- CG#1 was short of 5 hours of the annual in-services in 2022. CG#2 was lacking 10 hours and CG#4 lacked 10 hours for the year 2022.

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- No monthly fire drill conducted for August 2022.

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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.

Comment:

47.(c)- Client#2 with a daily lifesaving medication which had not been available for 3 days (9/5-9/7). Client's MAR (Medication Administration Record) was initialed by CG#1 as given. CG#1 admitted that the medication hadn't been available nor administered for 3 days.

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)- Back door emergency exit hallway near the clients' bedrooms was obstructed with 2 large boxes. A wheelchair will not pass thru safely in the event of an emergency or evacuation.

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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)- Clients' bathroom door lock was broken. Under the My Choice My Way, clients should be able to lock for privacy.

Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

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;

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.(e) When a client leaves a home, all records and reports kept by the home shall be given to the case management agency.

Comment:

54.(c)(1)- Client #3's Facesheet information on Code Status didn't match the client's POLST and MD's Admission Orders.

54.(c)(2)- Client #2's Service Plan stated for padded siderails and RN education on seizure precaution. There was no padding noted during survey on client's bedrails and no RN education/training was present.

Client #3 was missing a Service Plan since admission to CCFFH on 6/1/22.

54.(c)(5)- Medication discrepancies were noted for Client #1, Client #2, and Client #3.

Client #1- Medication Administration Record (MAR) was last signed on 8/31/22.

Client #2- one daily lifesaving medication was not available during CCFFH survey. CG#1 admitted to signing from 9/5-9/7 without giving the medication as medication hadn't been available for 3 days.

Client #3- MAR was last signed on 9/5/22.

54.(c)(6)- Client #1's Daily Care Flowsheet was last signed on 8/31/22.

54.(e)- A discharged client's chart was not returned to the client's case management agency since discharged in March of 2022 per CG#1. Client's chart was seen on a bookshelf located in the CCFFH hallway.


Compliance Manager


Primary Care Giver

9/7/22
Date
9/7/22
Date