

# Foster Family Home - Deficiency Report

**Provider ID:** 1-200030

**Home Name:** Wilfreda Molina, NA

94-405 Kuahui Street

Waipahu

HI

96797

**Review ID:** 1-200030-7

**Reviewer:** Maribel Nakamine

**Begin Date:** 7/15/2022

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 8/15/22.

Foster Family Home	Background Checks	[11-800-8]
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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/Fingerprint result lapsed on 7/13/22. No current result present in the CCFFH binder.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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.(c)- CG#1, CG#2, CG#3, and CG#4 without any annual in-service hours for 2022.

Foster Family Home	Fire Safety	[11-800-46]
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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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a)- No evening and nighttime monthly fire drill completed. No monthly fire drill completed for the following months: 1/21, 4/21, 5/21, 6/21, 7/21, 9/21, 10/21, 11/21, and 12/21.

46.(b) (2)- CG#2, CG#3, and CG#4 were without evidence of having conducted a monthly fire drill for the past 12 months.

# Foster Family Home - Deficiency Report

## 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)- a medication error was discovered during this survey. Client [REDACTED] was administered the wrong dosage on a [REDACTED] frequency from March [REDACTED] in accordance with the client's Medication Administration Record.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

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

Comment:

49.(a) (1), (2)- No non-slip surface/rubber mat present in clients' shower floor. Shower grab bars were loose which can harm/injure clients.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(a)- C [REDACTED] without evidence of having been trained the CCFFH's Emergency Preparedness Plan.

50.(b), (b) (1), (b) (2)- No Adverse Event Form completed for Client [REDACTED] medication error (wrong dosage).

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a) (2)- Current automobile policy coverages did not meet required minimum coverage amounts.

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Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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.(b)- Client [REDACTED] progress/observation notes were without the writers/caregivers' signatures for each dated entry.

54.(c) (2)- Client [REDACTED]'s Service Plan expired on [REDACTED] and no current document present in client's chart.

54.(c) (5)- Medications discrepancies were noted for Client [REDACTED] and Client [REDACTED].

Client [REDACTED]- there were 2 daily scheduled medications that didn't match the medications' labels when compared with the client's Medication Administration Record (MAR) and MD's orders.

Client [REDACTED] one medication scheduled for [REDACTED] didn't match the medication's label(dosage) when compared with the MD's order and the client's MAR from [REDACTED] 2021 thru [REDACTED] 2022.

Shavikel Nakamie, RN 7/15/22  
Compliance Manager Date

[Signature]

Primary Care Giver

7/15/22  
Date