

# Foster Family Home - Deficiency Report

Provider ID: 1-620832

Home Name: Carmelita Makolo, CNA

Review ID: 1-620832-14

94-168 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 11/2/2022

## 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 12/2/22.

## 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;

Comment:

8.(a)(1)- CG#1, CG#2, and CG#3's Ecrim lapsed on 10/23/22 and no current results were present in the CCFFH binder.

## 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#1's TB clearance lapsed on 6/7/22 and CG#3's lapsed on 7/22/22. All were without the current TB clearances results in the CCFFH binder.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff- No Sign In/Out forms were completed for the year 2022. CG#1 reported going on vacation last month with CG#4 substituted for the CCFFH.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

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

Comment:

(3P)(b)(1), (b)(6)Fire- No monthly fire drill completed from January 2022 thru October 2022. CG#2, CG#3, and CG#4 without evidence of conducting a monthly fire drill for the past 12 months.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

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;

Comment:

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

Client #1- No Medication Administration Record (MAR) for the month of November 2022; one daily scheduled medication was not transcribed in the client's MAR. October 2022's MAR was last signed on 10/14/22.

Client #2- No MAR for the month of November 2022; MAR was last signed on 10/14/22. One medication did not have a written MD order and was unable to determine if dosage in the MAR was written correctly/incorrectly. One lifesaving medication was not available.

54.(c)(6)- No signature of caregiver was present in Client #1's progress/observation documentation on 10/3/22.

Mariabel Nakamine, RN 11/2/22  
Compliance Manager Date  
C. Munro 11/2/22  
Primary Care Giver Date