

Foster Family Home - Deficiency Report

Provider ID: 1-210014

Home Name: Zenaida Bagamasbad, NA

Review ID: 1-210014-6

94-106 Poloai Way

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 10/31/2022

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 11/30/22.

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#5's APS/CAN/Fingerprint lapsed on 2/5/22 and was done on 3/4/22.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d), (d)(1)- No written MD order was present for Client #1's full bedrails.

Foster Family Home	Quality Assurance	[11-800-50]
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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:

Comment:

50.(a)- CG#5 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home	Client Rights	[11-800-53]
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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)- Client #2 with a video monitoring device inside the bedroom; no written consent was present in client's chart.

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Foster Family Home

Records

[11-800-54]

54.(c)(5)

Medication schedule checklist;

Comment:

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

Client #1- one daily scheduled medication's label and MD order did not match the client's Medication Administration Record.

Client #2- one daily scheduled medication's label and MD order did not match the client's Medication Administration Record.

Maribel Nakamine, RN 10/31/22
Compliance Manager
30Bzmshl
Primary Care Giver
Date 10/31/22