

Foster Family Home - Deficiency Report

Provider ID: 4-130002

Home Name: Abigail Navalta, RN

Review ID: 4-130002-14

415 Waiehu Beach Road

Reviewer: Terri Van Houten

Wailuku

HI 96793

Begin Date: 11/9/2022

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 12/9/2022.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(a)(2) - CG#4 did not have a current copy of her CNA certificate on file in the CCFFH.

41.(b)(8) - CCFFH did not have evidence that CG#1 and CG#6 had completed BBP training within the last 12 months.

41.(b)(8) - CG#5 did not have evidence of completion for first aid training.

41.(b)(7) - CCFFH did not have evidence that CG#4 had a recent TB clearance. Results on file expired 5/2/22.

41.(c) - CCFFH did not have evidence that CG#4 and CG#6 had completed 12 hours of inservice training within the last 12 months.

41.(g) - CCFFH did not have evidence that the basic skills check had been completed for CG#3, 4, 5, and 6 for client #1.

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Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) - CCFFH did not have evidence that RN delegations had been completed for CG#3, 4, 5, and 6 for client #1.

43.(c)(3) - CCFFH did not have evidence that RN delegations had been completed for CG#5 for client #2

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Medication and Nutrition

[11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) - CCFFH did not have evidence that training for a special diet had been provided for CG#3, 4, 5, and 6 for client #1.

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Records

[11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

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.(c)(8) Personal inventory.

Comment:

54.(c)(3) - Client #1 was admitted to the CCFFH on 9/22/22. CCFFH did not have copies of MD orders for client since date of admission.


54.(c)(5) - Medication discrepancies noted for client #1. Medications were available in the CCFFH but unable to locate an order and medications were not included on the MAR since admission.

54.(c)(6) - CCFFH did not have evidence that a personal care/daily observation checklist had been completed for November 2022 for client #1.

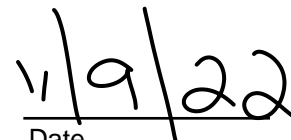
54.(c)(8) - CCFFH did not have evidence that a personal inventory log had been completed for client #1.



Compliance Manager



Primary Care Giver



Date



Date