

Foster Family Home - Deficiency Report

Provider ID: 1-633760

Home Name: Aurelia Padilla, CNA

Review ID: 1-633760-13

94-1116 Hina Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 10/20/2022

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 11/20/22.

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)- No 1st and 2nd results of APS/CAN/Fingerprints present for CG#3 in the CCFFH binder.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4)- Primary Caregiver Disclosure Form was not updated to reflect current numbers of household members residing in the CCFFH.

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)- No list of medications' side effects was present in Client #1's chart.

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(4)- No wheelchair access to CCFFH kitchen for clients as there was one step above floor level.

49.(c)(3)- Client #2's bedroom with a strong/pungent smell of human urine.

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Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- CCFFH with a gate at the sidewalk. No buzzer/intercom present for CTA/agency to have quick access.

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Records

[11-800-54]

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)(6)- August 2022's RN monthly visit summary was not present in Client #1's chart.

54.(c)(8)- No list of Personal Belongings Inventory present in Client #1's chart.

Mariel Nakarine, RN 10/20/22

Compliance Manager

Date

SCG

Date

10/20/22