

Foster Family Home - Deficiency Report

Provider ID: 1-170092

Home Name: Bernadette Berbano, NA

Review ID: 1-170092-13

99-54 Nalopaka Place

Reviewer: Jackie Chamberlain

Aiea HI 96701

Begin Date: 10/12/2022

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.
Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) CG 2 and 3 have no proof of current clearance

Foster Family Home 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) No RN delegation present for Client # 1 for foley catheter flush CCFFH is doing weekly. Client 2 has no delegation for blood glucose testing

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

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.

Comment:

46.(a) A hallway outside client bedrooms has a disabled smoke detector (battery removed and cover hanging) another smoke detector is beeping every 15 seconds signaling need for service. A sign in kitchen for fire extinguisher is pointing down where there is no fire extinguisher

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Records

[11-800-54]

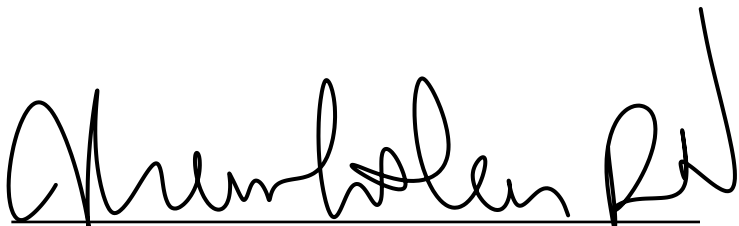
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) 54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.



Compliance Manager



Primary Care Giver

10/12/22

Date

10/12/22

Date