

Foster Family Home - Deficiency Report

Provider ID: 1-160001

Home Name: Brenda Sanders, CNA

Review ID: 1-160001-11

41-532 Inoaole Street

Reviewer: Maribel Nakamine

Waimanalo

HI 96795

Begin Date: 12/5/2022

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 1/5/2023.

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 present for the past 12 months.

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 delegations present for CG#1, CG#2, and CG#3 on Foley Catheter Care in Client #1's chart.

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

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

Comment:

(3P)(b)(1)Fire- No November 2022 monthly fire drill completed.

Foster Family Home Client Rights [11-800-53]

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)- No written authorization from Client/POA for Client #1's video monitoring device inside the bedroom.

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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)- Client #2 and Client #3's Service Plans dated 6/5/22 and 6/17/22 respectively were without the POA's signatures.

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

Client #1- there was one medication to be administered twice a day that MD ordered on 11/29/22 was not available.

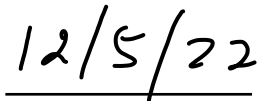
Client #2- one medication was not transcribed in the client's Medication Administration Record.



Compliance Manager



Primary Care Giver



Date



Date