

Foster Family Home - Deficiency Report

Provider ID: 1-160096

Home Name: Jelly Repuya, CNA

Review ID: 1-160096-10

4483 Luaole Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 11/16/2022

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 12/16/22.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#1's APS/CAN lapsed on 1/2/22 and was done on 1/26/22.

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 recorded for the past 12 months.

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

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P)(b)(2) Fire- No nighttime monthly fire drill conducted for the past 12 months.

Foster Family Home Medication and Nutrition [11-800-47]

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 present for Client #1's safety belt(wheelchair) and full bedrails.

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Quality Assurance

[11-800-50]

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#2 without evidence of having been trained in the CCFFH's Emergency Preparedness Plan.

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)- CG#3's bedroom doorknob without a lock from the inside. Under the My Choice My Way, client should be able to lock the bedroom door for privacy.

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

Comment:

54.(c)(2)- Client #1's Service Plan dated 5/22/22 and Client #2's dated 4/14/22 were without the Clients/POAs signatures.

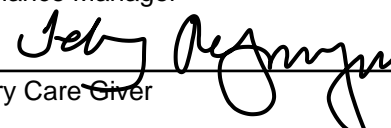
54.(c)(3)- Client #1's MD's Admission Order to CCFFH was incomplete- no diet order, no MD's signature, etc.



Compliance Manager

Date

11/16/22


Primary Care Giver

Date

11/16/22