

Foster Family Home - Deficiency Report

Provider ID: 1-120074

Home Name: Jovelyn Garces, CNA

Review ID: 1-120074-16

2256 Akeukeu Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 11/22/2022

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 12/22/22.

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)- CG#1 without a result of the second set of APS/CAN/Fingerprint. CG#5's Ecrim lapsed on 7/8/22 and was done on 10/18/22.

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

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)- CG#5 and CG#6's TB clearances dated 9/23/22 and 9/24/22 were signed by a medical assistant. TB clearances to be acceptable need to be signed by an MD, APRN, or PA.

41.(f), (f)(1)- HHM#4's TB clearance dated 8/27/22 was signed by a medical assistant.

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

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

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

Comment:

(3P)(b)(1), (2) Fire- No October 2022 monthly fire drill completed. No nighttime fire drill conducted for the past 12 months.

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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 present for Client #1.

Martel Nakamine, RN

Compliance Manager

Primary Care Giver

11/22/22

Date

11/22/22

Date