

Foster Family Home - Deficiency Report

Provider ID: 4-160092

Home Name: Kathleen Pascua Domingo,
NA

Review ID: 4-160092-9

74 Puukani Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 10/11/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/11/2022.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - Lapse in second set of fingerprints for CG#4. Fingerprints were due in July 2022 and had not been completed at the time of the inspection

Foster Family Home	Personnel and Staffing	[11-800-41]
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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) - CG#6 did not have a disclosure form on file.

Foster Family Home	Client Care and Services	[11-800-43]
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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) - CCFFH did not have evidence that RN delegations were completed for all CGs. Client #1 - CCFFH did not have evidence of RN delegations for special diet (thickened liquids), subcutaneous injections, and blood sugar monitoring had not been conducted for CG#1, #3, #4 or #6. All other delegations (medication administration) did not have signatures for CG#4 or CG#6. Client #2 - CCFFH did not have evidence that the basic skills checklist had been completed for CG#1, #3 and #4. RN delegations were not signed by CG#4.

Foster Family Home	Fire Safety	[11-800-46]
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46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2) - CCFFH did not have evidence that CG#4 had conducted a fire drill in the last 12 months.

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Medication and Nutrition

[11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

47.(b) - The CCFFH did not have evidence that RN delegations were provided for insulin administration for client #1. Blood sugar results were not being documented or reviewed with the CMA RN.

Foster Family Home

Records

[11-800-54]

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

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;

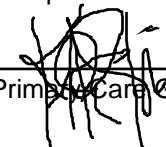
Comment:

54.(c)(3) - Client #1 was admitted to a CCFFH on 5/2022 with an order for blood glucose checks twice daily. In August, the frequency of blood glucose checks was increased to four times a day. The CCFFH did not have an order indicating that the frequency of blood glucose checks was increased.

54.(c)(6) - The CCFFH did not have evidence that blood glucose checks were being performed as instructed. Client #1 did not have evidence of documentation of blood glucose results. Insulin order included instructions to hold insulin if result less than 120.



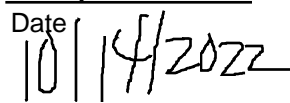
Compliance Manager



Primary Care Giver



Date



Date