

Foster Family Home - Deficiency Report

Provider ID: 1-561945

Home Name: Lenie Allera, CNA

Review ID: 1-561945-12

203 Plum Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 12/6/2022

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 1/6/2023.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(8)- CG#2's blood borne pathogen and infection control training lapsed on 3/4/22 and was done on 10/5/22.
41.(g)- No basic skills checklist was completed by CG#4 in Client #1's Chart. CG#2 without the basic skill checklist completed in Client #2's chart.

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#2 in Client #2'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 monthly fire drill completed for the November 2022.

Foster Family Home 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 with the CCFFH's Emergency Preparedness Plan.

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Records

[11-800-54]

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

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)(5)- Medication discrepancies were noted in Client #2. There were 2 medications' labels that did not match labels the Medication Administration Record(MAR) and current MD's order. Another daily lifesaving medication was not transcribed in the client's December 2022 MAR.

54.(c)(6)- No RN monthly visit summary present for the months of September 2022 and October 2022 in Client #1's chart.

Shantel Nakamine, RN 12/6/22
Compliance Manager Date
M. Allen 12/6/22
Primary Care Giver Date