

Foster Family Home - Deficiency Report

Provider ID: 1-200003

Home Name: Lory Vel Flordeliza, CNA

Review ID: 1-200003-7

2222 Kula Kolea Drive

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 11/4/2022

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 12/4/22.

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 delegation present on Wound Care in Client #1's chart for CG#1, CG#2, CG#3, and CG#4.

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(1)- No non-slip/rubber mat present in client's bathroom shower.

49.(a)(4)- Client #1's sliding door exit with one step- wheelchair/shower chair cannot pass through in a safe manner. No ramp was present.

49.(c)(3)- Client #1's sliding door screen with approximately 6 inches of gaping hole. Bugs, mosquitoes, insects, etc. can get inside and possibly bite the client.

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#3 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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

Comment:

54.(c)(2)- Client #1's Service plan without the additional Specialty Services (Home Health) information. Client #2's Service Plan without the POA's signatures for Service Plans dated 2/1/22 and 6/19/22.

54.(c)(3)- No MD order present for Client #1's Hoyer lift equipment.

54.(c)(5)- Medication discrepancy noted in Client #1's Medication Administration Record- no signatures for a twice a day medication dosing on 11/1/22 and 11/2/22(pm doses), 11/3/22 and 11/4/22 (am doses) were not signed.

Mari bel Mohammed, Rn 11/4/22
Compliance Manager Date

[Signature] 11/4/22
Primary Care Giver Date