

Foster Family Home - Deficiency Report

Provider ID: 1-120026

Home Name: Maridel Sagun, CNA

Review ID: 1-120026-16

94-1205 Awalai Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 10/28/2022

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 11/28/22.

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#2 and CG#3's APS/CAN lapsed on 3/11/22 and was done on 4/1/22.

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- CG#1 was not home at the start of the CCFFH inspection, there was no entry in the CCFFH's Sign In/Out.

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 were completed for CG#5 in Client #1 and Client #2's charts.

Foster Family Home 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.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(c)- No list of medications' side effects was present in Client #1's chart.

47.(d),(d)(2)- Client #3 with full bedrails and was not addressed in client's Service Plan.

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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:

50.(c) The home shall inform the case management agency of any changes occurring in the client's behavior and functioning that may necessitate a change and update of the client's service plan. A verbal report shall be made to the case management agency serving the client within twenty-four hours of the occurrence of any of the following:

Comment:

50.(a)- CG#5 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

50.(c)- No Adverse Event Form was completed for Client #1's change in medical condition on 8/27/22.

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

Comment:

54.(a)(1)- No Emergency/Evacuation Map present in the CCFFH.

Mariabel Alkamine, RC 10/28/22

Compliance Manager

Date

Mandel Sagun

Date

10/28/22

Primary Care Giver

Date