

Foster Family Home - Deficiency Report

Provider ID: 1-631300

Home Name: Mary Jane Dela Pena, CNA

Review ID: 1-631300-13

94-1336 Huakai Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 10/25/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 11/25/22.

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)- HHM#4's Ecrim lapsed on 10/6/22 and no current result was present.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7)- CG#6's TB clearance lapsed on 8/18/22 was not done till 10/5/22.

41.(b)(8)- CG#4's CPR and basic First Aid certification lapsed on 10/2021 and no current certificate was present.

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)- No RN delegation on nebulizer use present for CG#1, CG#2, CG#3, CG#4, CG#5, and CG#6 in Client #1's chart.

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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.
- 47.(d) Use of physical or chemical restraints shall be:
- 47.(d)(1) By order of a physician;
- 47.(d)(2) Reflected in the client's service plan; and
- 47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

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

47.(d), (1), (2), (3)- No written MD order for Client #1's full bedrails and siderails were not addressed in client's Service Plan dated 5/12/22.

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Quality Assurance

[11-800-50]

- 50.(b) Adverse events shall be reported

Comment:

50.(b)- No Adverse Event Form completed for Client #1's sustained skin injury on 9/22/22.

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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)(5) Medication schedule checklist;
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(2)- Client #1's Service Plan dated 5/12/22 without the information of additional services provider of client.

54.(c)(5)- there was no oxygen present in client's bedroom nor anywhere in CCFFH; MD ordered for Client #1 to have oxygen 1-5L as needed for shortness of breath on 6/7/22. Per CG#1- "no oxygen was ever delivered for client."

54.(c)(8)- No Personal inventory list was completed for Client #1.

Manuel Malleo, RN 10/25/22
 Compliance Manager
Mary Jane J. Dela Pena 10/25/22
 Primary Care giver
 Date