

Foster Family Home - Deficiency Report

Provider ID: 1-220003

Home Name: Nove Dawn Pagtulingan, CNA

Review ID: 1-220003-3

91-1135 Kiwi Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 10/27/2022

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) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

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.(j)(3) Authorize all substitute caregivers to permit entrance by case management agency and department staff, with or without prior notice, for the purpose of client monitoring, investigation, and quality assurance review.

Comment:

41.(b)(7) 2 children under 18 do not have TB clearance

41.(b)(7) CG 2 had positive TB test but no documentation of CXR follow up

41.(j)3 CTA was present 20 minutes before entrance to the home with attempts including entering through a closed gate, knocking on doors, ringing doorbell, knocking on windows, telephone to home phone and CG 1 cell phone before gaining access by CG 3

Foster Family Home	Fire Safety	[11-800-46]
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46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No evidence of any Fire drills conducted

Foster Family Home	Medication and Nutrition	[11-800-47]
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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.

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(b) An appointment ordered by MD for hearing aides was not attended or rescheduled for client # 1

47.(e) Client 1- a specific supplement was ordered due to weight loss (and is signed in MAR as given), a different supplement is present and has been given instead

47.(e) weekly weights ordered by MD not done at all. Attempted during inspection but the scale was not working

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Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) Client 1 has an order for side rails, but she gets up independently day and night with side rail down

Foster Family Home

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)(7) Expenditure records; and

54.(c)(8) Personal inventory.

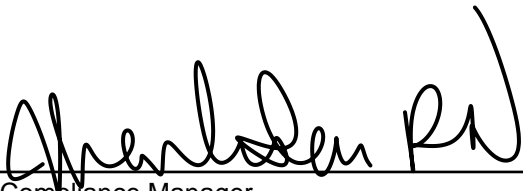
Comment:


54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.

54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(7) no documentation for client 2

54.(c)(8) none completed for client 2


Compliance Manager


Primary Care Giver

10/27/22
Date

10/27/22
Date