

# Foster Family Home - Deficiency Report

**Provider ID:** 1-561531

**Home Name:** Sunny Lee, CNA

**Review ID:** 1-561531-14

3229-A Francis Street

Reviewer: Jackie Chamberlain

Honolulu

HI

96815

Begin Date: 11/20/2022

| 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 3 bed re-certification.

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

| 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 present for Client # 1 for Foley catheter (CMA RN was at CCFFH yesterday)

| Foster Family Home | Medication and Nutrition | [11-800-47] |
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47.(d)(1) By order of a physician;

Comment:

47.(d)(1) Client 3 is on tube feeding. CG 1 states he gets 4 cans per day (every 6 hours) MAR documentation has 3 cans every day at 0700

| Foster Family Home | Physical Environment | [11-800-49] |
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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)(4) there was a closed sliding door between the clients bedrooms and the rest of the home locking the clients into a section of the home without a kitchen, recreational room or eating space. The sliding door to the common spaces has 1 step up to enter without a ramp present. It is not in the service plan for current clients to have limited access to the CCFFH

49.(c)(3) Client # 3's bedroom has a door to the outside that was open without a screen to avoid pests.

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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. [REDACTED] entered the unlocked gate while calling out verbally for CG1, CG1 let barking dogs out of the house before coming outside.

## Foster Family Home

## Records

[11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

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;

54.(c)(8) Personal inventory.

Comment:

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

54.(c)(3) Client # 2 has no signed MD orders

54.(c)(5) Client 1 and # 3 MAR is pre signed through November 2022 including dates that client was hospitalized

Client 1: 3 new medications ordered at hospital discharge (2 days ago) are not on the MAR. The ordered antibiotic is not present in the CCFFH. There is no evidence of MD being notified of antibiotic not available

54.(c)(5) Client 1 - several medications are missing from the CCFFH. CG 1 states "I didn't know you were coming" An adverse event is required for missed doses

54.(c)(5) CG 1 unable to complete medication reconciliation without confusing medications such as cilostazol for Senna S


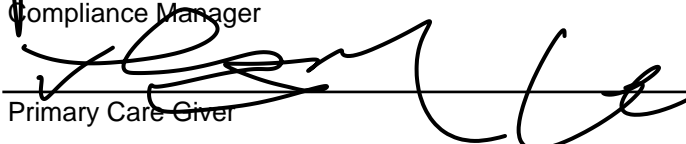
54.(c)(5) Medication discrepancy for client # 1 and # 2 and # 3 medication prescription label did not match medication administration record and / or the signed MD orders. Including error in doses which requires an AE

54.(c)(5) Client # 2 has 2 medications marked on MAR as "not covered by insurance" that are not available in the CCFFH. There is no documentation that the MD was notified for potential change to a medication that is covered

54.(c)(6) daily care log was pre-completed throughout the end of November with the hospitalization days whited out

54.(c)(8) Personal inventory in not present for client 1

54.(c)(5) Client 3 has 5 medications per MAR are given via GT, the Rx label states to give orally.

  
Compliance Manager  
  
Primary Care Giver

11/22/22  
Date  
11/22/22  
Date