

Foster Family Home - Deficiency Report

Provider ID: 2-597859

Home Name: Therese Vigilla, LPN

Review ID: 2-597859-15

3454 Likini Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 11/16/2022

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 12/16/22.

Foster Family Home Personnel and Staffing [11-800-41]

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c)- CG#1 was short of 5 hours of annual in-services for the year 2022 and short of 8 hours for the year 2021.

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P) (a)(1) Env- no written consent present for Client #2 and Client #3 to be in a shared room.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1, Client #2, and Client #3's bedrooms and bathroom without a lock from the inside. Under the My Choice My Way, a lock should be provided for clients' privacy rights.

53.(b)(9) Also, there were multiple boxes (approximately 9 boxes were inside client's closet) of isolation gowns in Client #1's closet; client was not in isolation.

53.(b)(9)- Video monitoring devices were being used in Client #1, Client #2, and Client #3's bedrooms. There was not a written authorization present from Clients/POAs in each client's charts.

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Foster Family Home

Records

[11-800-54]

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)(5)- Medication discrepancies were noted for Client #1, Client #2, and Client #3.


Client #1- Medication Administration Record (MAR) was last signed on 11/15/22 am medications were signed, pm medications were not signed; and 11/16/22 am medications were not signed. There was no written MD order for one medication - medication was available in CCFFH for client.

Client #2- MAR was last signed on 10/21/22.


Client #3- MAR was last signed on 11/7/22.

54.(c)(6)- Client #2's Daily Care Flowsheet was last signed on 10/21/22. No 11/2022 Flowsheet. Client #3's Daily Care Flowsheet was last signed on 11/7/22.

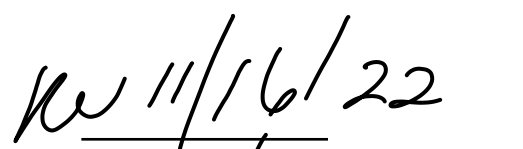
54.(c)(8)- Client #1's Personal Inventory Checklist form was blank. Client was admitted to CCFFH on 9/6/22.



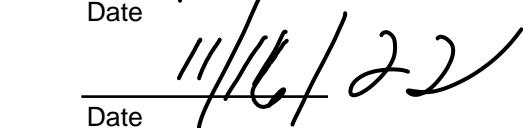
Compliance Manager



Primary Care Giver



Date



Date