

Foster Family Home - Deficiency Report

Provider ID: 1-220023

Home Name: Denisse Ann Visaya, NA

Review ID: 1-220023-3

99-123 Ohiakea Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 1/12/2023

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 1/12/23).

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1 requires 12 hours of in-service training but had only 10 hours attended in 2022.

41.(e)- No department substitute caregiver approval form was present for CG#2.

Foster Family Home	Grievance	[11-800-45]
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45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1), (2), (3)- No Grievance policy present in Client #1's chart. No evidence that the CCFFH's Grievance Policy was provided to Client #1/POA.

Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

- 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.(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

Comment:

47.(b)- No evidence that regular monitoring was done for Client #1's medications and change of client's status to hospice care. There were no written MD's orders for client's additional medications in Client #1's chart.

47.(d), (d)(1), (d)(2)- No physician order was present for Client #1 regarding the use of side rails. Client #1 without a Service Plan in chart so the use of siderails-unable to verify.

Foster Family Home

Client Rights

[11-800-53]

- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.
- 53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;
- 53.(b)(3) Be fully informed, prior to or at the time of admission, and during the client's stay, of services available in or through the home and related charges;

Comment:

53.(a),(b)(1),(b)(3)- No signed Admission Policy and Agreement was present in Client #1's chart.

Foster Family Home

Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(3) Current copies of the client's physician's orders;
- 54.(c)(5) Medication schedule checklist;

Comment:

54.(b)- No signatures after each dated entries in Client #1's progress/observation notes.

54.(c)(2)- Client #1 was without a Service Plan present in chart (client was admitted to CCFFH on 9/28/22). Client #2's Service Plan dated 7/2/22 was without the [REDACTED] signature.

54.(c)(3)- Client #1's Admission order was not signed by the physician.

54.(c)(5)- Medication discrepancies were noted in Client #1. There were 3 medications that were not written in the client's Medication Administration Record(MAR). One medication's label did not match the client's MAR and physician's order.


 Compliance Manager


 Primary Care Giver

Date 1/12/23

Date 1/12/23