

Foster Family Home - Deficiency Report

Provider ID: 1-100081

Home Name: Elena Sarte, CNA

Review ID: 1-100081-11

94-131 Awaia Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 3/22/2023

Foster Family Home Required Certificate [11-800-6]

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 inspection with plan of correction required, due to CTA within 30 days of inspection.

Foster Family Home Client Care and Services [11-800-43]

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) Client # 1 has multiple wounds on both arms covered with bandages. CG1 states the wounds occur when clients arms hit side rails, wheel chair ect. There is no documentation in provider notes or care plan of mitigation attempts to keep skin intact

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

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) Client 1 has an order for emergency glucagon injection. The medication is not present in the CCFFH for emergency use

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

(3P)(b)(2) Env. the room must be adequate for socialization and recreation by the clients

(3P)(c)(2) Env. the room must be adequate for socialization and dining by the clients, preferably with the family

Comment:

(3P)(b)(2) Env. The common area is cluttered with extra furniture and items making the space unusable to clients and obstructing the emergency exit

(3P)(c)(2) Env. The eating table is cluttered with items on and around making the space unusable to clients

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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;

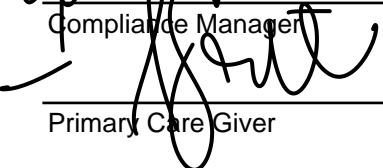
54.(c)(3) Current copies of the client's physician's orders;

Comment:

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)(3) Client # 1 has a signed MD order for daily blood glucose monitoring which is not being performed by CCFFH and documented as "refused" without documentation that RN or MD have been notified of refusal -there is high and low parameters to notify MD of blood sugars

 RN

Compliance Manager


Primary Care Giver

3/22/23

Date
3/22/23

Date