Foster Family Home - Deficiency Report						
Provider ID:	1-220032					
Home Name:	Eloesa Ca	guioa, NA	Review ID:	1-220032-3		
94-474 Apowale	Street		Reviewer:	Maribel Nakamine		
Waipahu		HI 96797	Begin Date:	3/8/2023		
Foster Family	/ Home	Required Certi	ficate	[11-800-6]		
6.(d)(1)	Comply	with all applicable re	quirements in this cha	pter; and		
Comment:						
6.d.1- Unanno	unced visit r	made for a 2-bed r	recertification inspec	ction.		
Deficiency Rep on 3/8/23).	port issued o	during CCFFH ins	pection with Plan of	Correction due to CTA within 30 days of inspection (issued		
Foster Family	Home	Information Co	onfidentiality	[11-800-16]		
16.(b)(5) Comment: 16.(b)(5)-No pi HHM#4, and H	procedur roof that cor	res and client privac	y rights.	other adults in the home, on their confidentiality policies and nd client privacy rights training was provided to HHM#3,		
Foster Family		Personnel and	Staffing	[11-800-41]		
41.(a)(1)	Reside ir	n the community car	o fostor family homo:			
	Reside in the community care foster family home; Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.					
41.(b)(8)		cumentation of curre	ent training in blood bo	orne pathogen and infection control, cardiopulmonary		
	resuscita The prim training a	cumentation of curre ation, and basic first nary caregiver shall a annually which shall	ent training in blood bo aid. attend twelve hours, a be approved by the d	orne pathogen and infection control, cardiopulmonary and the substitute caregiver shall attend eight hours, of in-service epartment as pertinent to the management and care of clients. In of training received by all caregivers, in the caregiver file in the		
41.(c)	resuscita The prim training a The prim	cumentation of curre ation, and basic first nary caregiver shall a annually which shall	ent training in blood bo aid. attend twelve hours, a be approved by the d	nd the substitute caregiver shall attend eight hours, of in-service epartment as pertinent to the management and care of clients.		
41.(c) Comment: 41.(a)(1)- No v 41.(b)(8)- CG# certificates we	resuscita The prim training a The prim home. written author 1 and CG#3 re present ir	cumentation of curre ation, and basic first nary caregiver shall a annually which shall nary caregiver shall r orization present fr 3's bloodborne pat	ent training in blood bo aid. attend twelve hours, a be approved by the d maintain documentation om landlord that CC chogen and infection CG#2 without a bloc	nd the substitute caregiver shall attend eight hours, of in-service epartment as pertinent to the management and care of clients.		
41.(c) Comment: 41.(a)(1)- No v 41.(b)(8)- CG# certificates we 41.(c)- No ann	resuscita The prim training a The prim home. vritten autho t1 and CG#3 re present in ual in servic	cumentation of curre ation, and basic first hary caregiver shall a annually which shall hary caregiver shall r prization present fr 3's bloodborne pat n CCFFH binder. (ent training in blood bo aid. attend twelve hours, a be approved by the d maintain documentation om landlord that CC chogen and infection CG#2 without a bloc	nd the substitute caregiver shall attend eight hours, of in-service epartment as pertinent to the management and care of clients. on of training received by all caregivers, in the caregiver file in the 6#1 may utilize home/operate a CCFFH in property. In control certifications lapsed on 9/10/22 and no current		
41.(b)(8)- CG# certificates we	resuscita The prim training a The prim home. written author 1 and CG#3 re present ir ual in service Home The hom of the da include t	cumentation of curre- ation, and basic first hary caregiver shall a annually which shall hary caregiver shall r orization present fr 3's bloodborne pat in CCFFH binder. (ces hours were pre- Fire Safety he shall conduct, doo ay, evening, and nigh he testing of smoke	ent training in blood bo aid. attend twelve hours, a be approved by the d maintain documentation om landlord that CC chogen and infection CG#2 without a bloc esent for CG#2.	and the substitute caregiver shall attend eight hours, of in-service epartment as pertinent to the management and care of clients. In of training received by all caregivers, in the caregiver file in the 6#1 may utilize home/operate a CCFFH in property. In control certifications lapsed on 9/10/22 and no current adborne pathogen and infection control present.		

46.(a), (b)(2)- No nighttime fire drill was conducted. CG#2 and CG#3 were without proof of conducting a monthly fire drill.

Foster Family Home - Deficiency Report

Foster Family	/ Home	Medication and Nutrition

[11-800-47]

Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)

47.(c)- No list of medications' side effects was present in Client #1's chart nor the CCFFH binder.

Foster Fami	ly Home Records	[11-800-54]
54.(b)	The home shall maintain separate note signing and dating of each entry in blac detail to:	books for each client in a manner that ensures legibility, order, and timely k ink. Each client notebook shall be a permanent record and shall be kept in
54.(c)(5)	Medication schedule checklist;	
54.(c)(6)	social worker monitoring flow sheets, c	services through personal care or skilled nursing daily check list, RN and lient observation sheets, and significant events that may impact the life, vision of services to the client, including but not limited to adverse events;

Comment:

54.(b)- No caregivers' signatures were present after each dated entries in Client #1's observation/progress notes from 10/7/22- 2/8/23.

54.(c)(5)- one daily scheduled medication was not written in Client #1's Medication Administration Record (MAR). 54.(c)(6)- Client #1's Daily Care Flowsheet was last signed on 3/2/23.

anene Compliance Manager Date

Date