

Foster Family Home - Deficiency Report

Provider ID: 1-190037

Home Name: Fredierick de la Cruz, RN

Review ID: 1-190037-8

751 Puu Kala Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 2/6/2023

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

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 2/6/23).

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 6/8/22 and no current clearance was present.

41.(g)- No basic skills check present for CG#2, CG#3, and CG#4 in Client #1's chart.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P) (b)(2) Staff- CCFFH without a Sign In/Out forms completed for the past 12 months.

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)- No RN delegations were present for CG#2, CG#3, and CG#4 in Client #1's chart.

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**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P) (b)(1), (b)(6) Fire- Last monthly fire drill was conducted on 4/12/22. CG#2 and CG#4 without evidence of having conducted a monthly fire drill for the year 2022.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) 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)- No medications' side effects listed in Client #1's record or CCFFH binder.

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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;

Comment:

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

Client #1- No February 2023 Medication Administration Record (MAR) was present/initiated. One injectable medication that MD ordered for every 2 weeks administration was not signed as given in client's MAR for January 2023. One scheduled medication didn't match the medication's label, MAR, & MD's order.

Client #2- No February 2023 MAR initiated. One medication was not transcribed in client's MAR.

Client #3- One daily scheduled medication did not match the medication's label, MD order, and client's MAR. One medication was not transcribed in client's MAR.

54.(c)(6)- No February 2023 client's Daily Care Flowsheet was initiated for Client#1.

Maribel Nakamine, RN 2/6/23

Compliance Manager

Date

[Signature]
Primary Care Giver

Date

2/6/23