

Foster Family Home - Deficiency Report

Provider ID: 1-585771

Home Name: Gerlie Miguel, CNA

Review ID: 1-585771-13

94-691 Kime Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/14/2023

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 3/14/23).

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#3's TB clearance lapsed on 7/21/22 and was completed on 1/7/23.

Foster Family Home	Fire Safety	[11-800-46]
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46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- CCFFH without evidence that fire drills had been conducted monthly. CG#2 did not have evidence of conducting a monthly fire drill within the past 12 months.

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Foster Family Home

Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

- 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)(2)- Client #1's Service Plan dated 12/1/22 was not signed by client/POA. Client #2's Service Plan dated 2/1/23 was not signed by the client/POA.
- 54.(c)(5)- one medication did not match the bottle's label and MD's order when compared with Client #1's Medication Administration Record (MAR).
- 54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed on 2/24/23. March 2023 flowsheet was not initiated/signed from 3/1/23-3/13/23.
- 54.(c)(8)- Client #1 did not have evidence that a personal inventory log has been initiated and or maintained.

Maibet Nakamine, RW 3/14/23
Compliance Manager Date

[Signature] 3/14/23
Primary Care Giver Date