

Foster Family Home - Deficiency Report

Provider ID: 1-210047

Home Name: Gianelli Gail Cagaoan, CNA

Review ID: 1-210047-5

94-568 Palai Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 2/15/2023

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

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) CG 1 does not have current exemption for 3/2022 red light designation

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

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

Comment:

41.(b)(7) CG 2 and HHM 1 does not have clearance within the last 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) Client # 1 has a neck brace without any doctors orders specifying use of the device. It has not been removed since May 2022 admission to CCFFH including no removal for assessment of skin condition or hygiene

43.(c)(3) No RN delegation present for Client # 2 for inhaler. Also, no emergency use inhaler is present for client 2 in the CCFFH

Foster Family Home Physical Environment [11-800-49]

49.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

Comment:

49.(d)(1) Client 1,2 and 3 has a significant amount (closet full) household items, impeding on the useful space for the client

Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(d) CTA entered a closed gate to the front door to ring the doorbell, knock and call out but no answer for 5 minutes

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) Client # 1 and 2 bedroom has a bathroom ("primary bedroom" of the house). The CG / HHM is entering through the clients use for personal use of this bathroom

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.

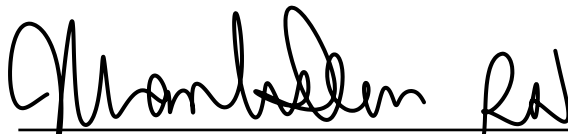
Comment:

54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice


54.(c)(5) Medication discrepancy for client # 1 and # 2 and 3 medication prescription label did not match medication administration record and / or the signed MD orders.

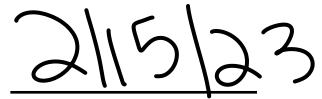
54.(c)(6) Client # 3 has a signed MD order for three times daily blood glucose monitoring (with parameters) there is no proof in the daily logs or BGM meter memory that this is being followed

54.(c)(8) Client # 1 has no personal inventory

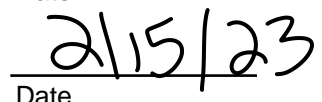


Compliance Manager


Primary Care Giver



Date



Date