

Foster Family Home - Deficiency Report

Provider ID: 1-210048

Home Name: Honeybee Osila, RN

Review ID: 1-210048-5

94-478 Kalukalu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/8/2023

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 3/8/23).

PCG (CG#1) requests to increase from a 2-bed CCFFH to a 3-bed CCFFH.

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(7)- CG#1's TB clearance (dated 2/23/23) was signed by an RN.

41.(e)- CG#2, CG#3, and CG#4 without the department approvals for a 3-bed CCFFH as CG#1 requested to increase to a 3-bed CCFFH.

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.

Comment:

46.(a)- CCFFH without a nighttime monthly fire drill conducted for the past 12 months.

Foster Family Home	Physical Environment	[11-800-49]
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49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip surface was present in clients' shower floor.

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Quality Assurance

[11-800-50]

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.(e)- Front doorbell was non-functioning. CTA compliance manager waited for about 8 minutes; called CG#1's home & cell phones(no answers); went around the outside of CCFFH's perimeter and knocked on the back door. HHM member opened the door and was told by CG#1 that doorbell was broken.

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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)- Client #1's Medication Administration Record (MAR) for today's 8:00am medications were not signed.

54.(c)(6)- Client's ADLs/Daily Care Flowsheet was last signed on 3/6/23.

54.(c)(6)- No January 2023 RN visit summary was present in Client #1's chart.

Maipel Nakamire, RN ^{3/8/23}

Compliance Manager Date
Lorena H. Ocal ^{3/8/23}

Primary Care Giver Date