

# Foster Family Home - Deficiency Report

Provider ID: 1-170028

Home Name: Jenelyn Laforga, CNA

Review ID: 1-170028-10

94-502 Pilimai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/9/2023

## 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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days from the date of inspection. (Issued on 2/9/23).

## 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#3's TB clearance lapsed on 2/7/23 and no current clearance result was present. CG#5 did not have evidence of having had a TB clearance. CG#6's TB clearance lapsed on 7/29/22 and was not done till 1/18/23.

## 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 delegation for CG#1, CG#2, CG#3, CG#5, and CG#6 on an injectable medication of Client #2. CG#1 was improperly preparing medication.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#5 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

## Foster Family Home Records [11-800-54]

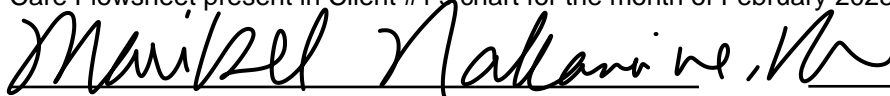
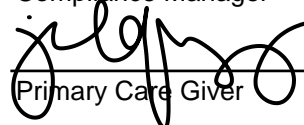
54.(c)(5) Medication schedule checklist;

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 #2 with medication discrepancies between the Medication Administration Record(MAR), MD's order, and medication availability. One daily scheduled medication was not written in client's MAR. There was one medication that was missing an MD's order to discontinue.

54.(c)(6)- No Daily Care Flowsheet present in Client #1's chart for the month of February 2023.

  
Compliance Manager  
  
Primary Care Giver  
Date 2/9/23  
Date 2/9/23