

Foster Family Home - Deficiency Report

Provider ID: 1-220037

Home Name: Kathleen Pagurayan, NA

Review ID: 1-220037-3

94-409 Kipou Street

Reviewer: Jackie Chamberlain

Waipahu

HI

96797

Begin Date: 2/22/2023

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) CCFFH inspection made for a 2 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]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) 3 adult house hold members live in the CCFFH through a sliding glass door dividing the household. HHM 3,4,5 have no documentation of background checks, TB clearance or confidentiality training

8.(a)(1) HHM 2 has no documentation of of background checks, TB clearance or confidentiality training

Foster Family Home	Reporting Changes	[11-800-12]
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12.(4) In the household composition or structure of the home; and

Comment:

12.(4) HHM 3,4,and 5 were undisclosed, they reside the other side of a sliding glass door in the CCFFH

Foster Family Home	Client Care and Services	[11-800-43]
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43.(c)(2) Be based on care directions from the client to the maximum extent possible, with monitoring by the case management agency when the client is not capable of providing care directions;

43.(c)(5)(A) Appropriate, safe techniques, and infection control procedures; and

Comment:

43.(c)(2) Client 1 has a POLST but it is copied in black ink and paper it is un-readable

43.(c)(5)(A) Client 2 has MD ordered [REDACTED] times daily. The written log of [REDACTED] readings do not match the [REDACTED] results. The [REDACTED] results are much higher which would have required a report to RN or MD for interventions

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Client Rights

[11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) - Client 1 MD orders is for [REDACTED] Client has [REDACTED] and the wall side of the hospital bed does not have a [REDACTED] present, there are foam pads between the wall and the bed without a service plan to follow, a change in intended DME use is not safe

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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;

Comment:

54.(c)(2) Service plan for client #1 cannot be located in the CCFFH. Unable to determine at this inspection if service plan is signed and being followed by the CCFFH

54.(b) white out has been used on several medical record documents instead of approved correction of error in entry
54.(c)(2) Service plan for client # 2 had discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Client 1- has 2 medications are ordered twice daily but only signed as given once daily
Client 2 has 2 [REDACTED] medications - the label of 1 says stop the other when started.

 RN

Compliance Manager



Primary Care Giver

2/22/23

Date

2/22/23

Date