

Foster Family Home - Deficiency Report

Provider ID: 1-220022

Home Name: Kathryn Joy Prado, NA

Review ID: 1-220022-3

91-927 Pailani Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 1/4/2023

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)CG 2 is missing proof of fingerprints, APS CAN

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) CG 4 is missing proof of confidentiality training

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.(e) Approval forms are missing from the home binder for CG 2

41.(b)(8) CG 2 is missing proof of CPR First aid, BBP and training hours

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) no proof of fire drills since 11/22

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Foster Family Home

Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) no written account of clients funds present for client # 2

Foster Family Home

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) - Unable to locate signed physicians order for use of side rails for client #1 and 2

Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

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

54.(c)(3) Current copies of the client's physician's orders;

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

54.(c)(8) Personal inventory.

Comment:

54.(c)(1) face sheet for client 1 has a previous provider information, was not updated to the current CCFFH since 5/22 admission

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



Client 1 service plan from 5/22 is unsigned by client or POA, and is overdue for every 6 months (CG 1 received and printed from CMA during review is now in clients binder but with inaccurate information)



54.(c)(3) Client # 1 there is no signed MD orders except for a UA order Client # 2 no signed MD orders are present in the clients binder including medications

54.(c)(5) No signed MD Medication orders for client 1 or client # 2 unable to determine if medications are given as ordered

54.(c)(5) Client # 1 and Client # 2 The clients MAR is missing CG 1 states she has never initiated a MAR since admission for either client, CTA is unable to determine if medications have been given at all or as ordered

54.(c)(8) Client # 1 and # 2 personal belongings list is blank


Compliance Manager

Primary Care Giver


Date

Date