

Foster Family Home - Deficiency Report

Provider ID: 1-561490

Home Name: Liberty Lagpacan, CNA

Review ID: 1-561490-16

92-848 Kohupono Street

Reviewer: Jackie Chamberlain

Kapolei

HI 96707

Begin Date: 4/21/2023

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH visit with plan of correction required, 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 3 has no proof of current APS / CAN

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) No proof of Tuberculosis clearances that meet department of health guidelines for CG 1,2,3,4 and HHM 1

41.(b)(8) CG 1,2 and 4 have no proof of current CPR First aid or BBP

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 present for Client # 1, caregiver # 1 for any delegations

Foster Family Home Fire Safety [11-800-46]

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 fire drills documented since 7/22, one fire extinguisher is not charged (red zone)

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Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) Client # 1 has signed MD order for diet low concentrated sweets, no added salt - with service plan stating pureed diet

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in manner infringing on clients use of space in an unsafe manner with boxes and items blocking the emergency exit

49.(c)(3) Kitchen table is full of boxes and stored items making the table unusable to clients

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;

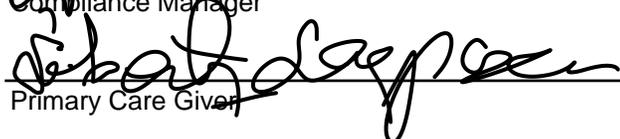
Comment:

54.(c)(2) Service plan for clients #1 had discrepancies between the written service plan, the MD order, and the actual CCFFH practice. Service plan is unsigned by client or POA

54.(c)(3) Client # 1 has a signed MD order for weekly blood glucose monitoring which is not being performed by CCFFH. There is no blood glucose monitor present in the CCFFH. No discontinue order could be located



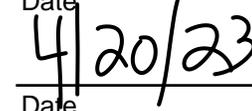
Compliance Manager



Primary Care Giver



Date



Date