Foster Family Home - Deficiency Report

Provider ID:	**1-120053**		
Home Name:	**Madeline Ulep, RN**	**Review ID:**	**1-120053-13**
94-1469 Hiapo Street		Reviewer:	Maribel Nakamine
Waipahu HI 96797		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- 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 4/21/23).

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#1's TB clearance lapsed on 2/25/22 and no current result present in the CCFFH binder.

3 Person Staffing	**3 Person Staffing Requirements**	**(3P) Staff**

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- CCFFH's Sign In/Out Sheet last entry was on 5/5/22; there was not an entry for today as CG#1 was not home/present at the start of the survey/inspection.

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 on use of oxygen for CG#2 and CG#3 in Client #1's record/chart.

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Foster Family Home	Medication and Nutrition	[11-800-47]

47.(c)	Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.
47.(d)	Use of physical or chemical restraints shall be:
47.(d)(1)	By order of a physician;
47.(d)(2)	Reflected in the client's service plan; and

Comment:

47.(c) - No list of medications' side effects present in Client #1's chart/record.
47.(d), (d) (1), (d) (2)- No physician order was present regarding the use of siderails and use of siderails was not listed in Client #1's service plan.

Foster Family Home	Physical Environment	[11-800-49]

49.(a)(1)	Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;
49.(a)(4)	Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
49.(c)(3)	The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(1)- No non-slip surface was present on the shower floor in clients' bathroom.
49.(a)(4)- Emergency exit door (pathway, outside) in Client #2 and Client #3's bedroom was obstructed with a wheelchair, multiple boxes, household items, etc. and would not allow a wheelchair or walker access in case of emergency.
49.(c)(3)- Air conditioner in Client#1's bedroom was constantly dripping/leaking water. There was a bucket to catch the water- bucket almost full and there was an extension cord/electrical outlet near the bucket (electrical hazard) and a large oxygen tank. Client #2 and Client #3's bedroom doorknobs were dirty/grimy. Front door of CCFFH with a strong foul odor (rotten foods?). The living room and dining table and surrounding area near Client #2 and Client #3's shared bedroom were full of cluttered household items impinging on clients' use of space.

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.(b)(1)	Permit effective professional review by the case management agency, and the department; and
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.(b), (b)(1)- CCFFH's binder, Client #1, Client #2, and Client #3's charts were in disarray(loose documents, misfiled, etc.) inhibiting the compliance manager's effective review.
54.(c)(2)- Client#1's Service Plan (SP) lapsed on 2/28/23 and no current SP was present and also, there was no client's signature present on SP dated 5/24/22. Client #2's SP lapsed on 2/15/23 and no current SP was present in client's record/chart. Client #3's SP lapsed on 10/26/22 and no current SP was present in client's record/chart.
54.(c)(5)- Client #1's Medication Administration Record(MAR) was last signed on 4/12/23; Client #2's MAR last signed on 4/12/23; and Client #3's MAR last signed on 4/11/23.
54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet form was last signed on 4/19/23.

Maribel Nakamine, RN 4/21/23
Compliance Manager — Date

Madeline Ulep 4/21/23
Primary Care Giver — Date