

Foster Family Home - Deficiency Report

Provider ID: 1-160029

Home Name: Marissa Garcia, CNA

Review ID: 1-160029-10

1058 Uluwale Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 3/6/2023

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 3/6/23).

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

49.(b)(2) Be limited to two clients, both of whom shall consent to the arrangement; and

Comment:

49.(b)(2)-No written agreement or authorization by Client #2 or in chart that client agreed to be in a shared bedroom.

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(c)(3) Env. the room must have adequate furnishings, e.g., tables and chairs

Comment:

(3P)(c)(3)Env.- dining table and chairs were too high for clients to dine on. Two clients were observed to be fed in their shared bedroom(Per CG#1- clients are bedbound/bedridden). The 3rd client who was ambulatory was observed to be using a bedside table while having lunch in front of the living room TV.

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;

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

Comment:

54.(c)(2)- Per CG#1- Client #3 currently sleeps in caregiver's bedroom. This practice was not in Client #3's Service Plan dated 12/17/22.

Client #2 (dated 6/9/22 and 12/8/22) and Client #3's Service Plans (dated 12/17/22) were not signed by clients/POAs.

54.(c)(5)- There were 2 scheduled medications that were not written in Client #1's Medication Administration Record (MAR).

Maribel Nakamine, CW 3/6/23

Compliance Manager

Date

Manilyn J. Lee

Primary Care Giver

Date

3/6/23

3/6/2023 2:19:00 PM