

Foster Family Home - Deficiency Report

Provider ID: 1-170068

Home Name: Meryll Kathleen V. Dadulla,
CNA

Review ID: 1-170068-11

94-535 Pilimai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/15/2023

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 annual inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 2/15/2023).

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 2/27/22 and was done on 4/1/22; CG#4's APS/CAN lapsed on 5/15/22 and was done on 6/9/22. HHM#4 without the 2nd result of APS/CAN/Fingerprinting. HHM#2's Ecrim lapsed on 3/11/22 and was done on 4/7/22.

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#2's TB clearance lapsed on 1/30/23 and no current result was present.

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 delegations for Oral & Topical Medications Administration for CG#2 in Client #1's chart. No RN delegation present for Oral Medication Administration for CG#1, CG#2, CG#3, and CG#4 in Client #2's chart. No RN delegation for CG#2 on Sublingual/Suppository Medications Administration present in Client #3's chart.

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**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1), (b)(6) Fire- The CCFFH did not have evidence that fire drills had been conducted monthly. CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1, Client #2, and Client #3's bedrooms are supposed to allow clients to lock them from the inside for privacy. There were no locks on all clients' bedroom doors to allow clients to lock and unlock them.

53.(b)(9)- Client #1 and Client #2's bedrooms with video monitoring devices. There were no written authorizations present from clients/POAs.

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)- No current service plan present for Client #1. Last one in record was dated 11/7/21. Client #2 and Client #3's current service plans did not contain the additional specialty services that both clients were receiving.

54.(c)(5)- Medication discrepancies were noted for Client#1, Client #2, and Client #3.

Client #1- one medication was not written in the client's Medication Administration Record(MAR) from 12/2022, 1/2023, and 2/2023. MAR was last signed on 2/8/23.

Client #2- MAR was last signed on 2/10/23.

Client #3- MAR was last signed on 2/9/23.



Compliance Manager


Primary Care Giver

Date 2/15/23
Date 2/15/23