

Foster Family Home - Deficiency Report

Provider ID: 1-210035

Home Name: Princess Abarca, CNA

Review ID: 1-210035-5

94-1285 Huakai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/26/2023

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- Unannounced visit made for a 2-bed annual inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 1/26/23).

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#4's currentTB clearance did not have the required signature by an MD, APRN, or Physician's Assistant.

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)- CCFFH did not have evidence of conducting a fire drill at night for the past 12 months.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d) Use of physical or chemical restraints shall be:

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d), (d)(2)- Use of side rails was not listed in Client #1's Service Plan dated 12/7/22.

Foster Family Home	Physical Environment	[11-800-49]
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49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3)- Client #1 did not have a method of communication available to notify CG#1/caregivers of nighttime needs or emergencies. Client #1 with a high fall risk in record.

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Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- there were 2 medications in Client #1's Medication Administration record that were missing the medications' frequency.

Naikel Nakamie, Rv 1/26/23
Compliance Manager
Stu
Primary Care Giver
Date 1/26/23 3