

# Foster Family Home - Deficiency Report

Provider ID: 1-558900

Home Name: Priscila Lana, CNA

Review ID: 1-558900-13

94-1114-A Lumikuke Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/10/2023

## 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 from the date of inspection (issued on 2/10/23).

## 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#2 without the 2nd set result of APS/CAN/Fingerprinting.

## 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.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8)- CG#3's blood-borne pathogen and infection control training lapsed on 2/24/21 . There was no current certificate of training present.

41.(c)- CG#3 lacked the required 12 hours of annual in-services training for the years 2021 and 2022.

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

47.(d) Use of physical or chemical restraints shall be:

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

Comment:

47.(d), (d)(1)- No physician's order was present for Client #1 regarding the use of side rails.

# Foster Family Home - Deficiency Report

Foster Family Home

Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a)- The CCFFH did not have evidence that a written accounting of Client #1's personal funds received and expended on the client's behalf was being maintained.

Foster Family Home

Records

[11-800-54]

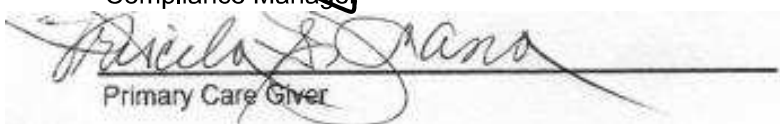
54.(c)(5) Medication schedule checklist;

Comment:

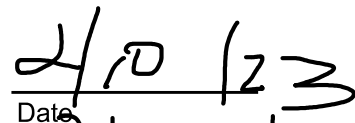
54.(c)(5)- Medication discrepancies were noted for Client #1. There was one scheduled medication that was missing signature from 2/1/23-2/10/23. Another scheduled medication was not transcribed in the client's Medication Administration Record (MAR).



Compliance Manager



Primary Care Giver



Date



Date