

Foster Family Home - Deficiency Report

Provider ID: 1-130044

Home Name: Shiela Marie Calantoc, CNA

Review ID: 1-130044-21

1311 Olino Street

Reviewer: Maribel Nakamine

Honolulu

HI

96818

Begin Date: 1/13/2023

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 home visit made to a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (date of issuance: 1/13/23).

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Personnel and Staffing

[11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(4)- No disclosure form was present for CG#2.

41.(b)(7)- CCFFH did not have evidence of current TB clearance or exclusion for CG#2.

41.(g)- No CMA RN signature present for CG#3's basic skills checks in Client #1's chart.

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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 CMA RN signatures were present in Client #1 and Client #2's charts for CG#3's RN delegations.

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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.

Comment:

47.(c)- No list of medications' side effects was present in Client #1's chart nor in CCFFH binder.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #2's Service Plan dated 9/11/22 did not list the additional Service Specialty information.

Maikel Nakamine, Rn 1/13/23
Compliance Manager
Shirley Harris Calantow
Primary Care Giver
Date
1/13/23
Date