

Foster Family Home - Deficiency Report

Provider ID: 1-210037

Home Name: Wilma Farinas, CNA

Review ID: 1-210037-5

16-A Cypress Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI

96786

Begin Date: 1/3/2023

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 2/3/2023.

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#4's CPR lapsed on 10/2022 and no current certification present. CG#5 without a basic first aid certification and blood borne pathogen certification lapsed on 7/8/22 and no current certificate present. CG#6's blood borne pathogen certification lapsed on 8/29/22 and no current certificate present.

41.(c)- CG#5 without the required 8 hours of annual in-service for the year 2022.

Foster Family Home 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 were present in Client #1's chart.

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- No doorbell buzzer present in front door or side door entrances. Outside gate buzzer was not functioning.

Foster Family Home Records [11-800-54]

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

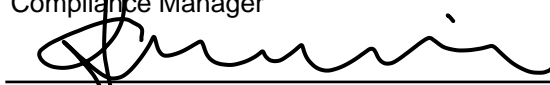
Comment:

54.(c)(5)- One medication was not transcribed in Client #2's Medication Administration Record (MAR) for the month of January 2023.


Compliance Manager

Date

1/3/23


Primary Care Giver

Date

1/3/23