

Foster Family Home - Deficiency Report

Provider ID: 5-160019

Home Name: Annette Rivera, CNA

Review ID: 5-160019-11

5362 Olopuia Street

Reviewer: Maribel Nakamine

Kapa'a

HI 96746

Begin Date: 5/11/2023

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 of inspection (issued on 5/11/23).

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- CG#4, CG#5, and HHM#1 were without evidence of having been trained with the CCFFH's confidentiality policies and procedures and client privacy rights.

Foster Family Home 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).

Comment:

41.(b)(4)- CG#4 and CG#5 without the [REDACTED] Caregiver Disclosure form present.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

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

Comment:

(3P)(b)(6)Fire- CG#3, CG#4, and CG#5 without evidence of conducting a monthly fire drill for the past 12 months.

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.

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(c)- No list of medications' side effects present in Client #1 chart/record.

47.(e)- No training present for CG#1, CG#2, CG#3, CG#4, and CG#5 for Client #1's nectar thickened liquids.

Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#4 and CG#5 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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;

54.(c)(8) Personal inventory.

Comment:

54.(b)- No caregiver's signatures present for each dated entries from 4/2/23 - 4/25/23 in Client #1's progress/observation notes/documentations.

54.(c)(2)- Client #1's current Service Plan were missing pages 7-12.

54.(c)(5)- One daily medication's dosage was incorrectly transcribed in Client #1's Medication Administration Record (MAR).

54.(c)(8)- Client #1 did not have evidence that a personal inventory log has been initiated and/or maintained.

Manizel Nakaraine, RN 5/11/23
Compliance Manager
Arriyera
Primary Care Giver
Date 5/11/23
Date