

Foster Family Home - Deficiency Report

Provider ID: 1-150070

Home Name: Christine Villanueva, CNA

Review ID: 1-150070-14

95-307 Auhaele Place

Reviewer: Maribel Nakamine

Mililani

HI 96789

Begin Date: 6/5/2023

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 6/5/23).

Foster Family Home Personnel and Staffing [11-800-41]

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.(c)- CG#1 without the required 12 hours of the annual in services - short of 8 hours for the year 2023; CG#2 and CG#3 were both short of 5 hours in the year 2022 and 8 hrs in the year 2023.

Foster Family Home 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 RN delegations present for Client #3's oral medications and tube feedings administrations for CG#3.

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

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No monthly fire drill completed for the month of May 2023. Last fire drill was in April 2023.

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 present in Client #1's chart/records.

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Foster Family Home

Records

[11-800-54]

- 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)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2)- Client #3's Service Plan lapsed on 1/11/23 and no current service plan was in chart/record.
54.(c)(5)- Medication discrepancies noted for Client #2 and Client #3.
Client #2- Medication Administration Record (MAR) was not signed on the following months/days:
January 31, 2023- no signatures of caregivers for one scheduled medication. October 20, 2022 thru October 31, 2022- no signatures of caregivers for six scheduled medications. December 7, 2022 thru December 31, 2022- no signatures were present for two scheduled medications.
Client #3- there were four scheduled medications without the caregivers' signatures on March 31, 2022.
54.(c)(6)- No RN monthly visit summary were present for the months of July 2022, September 2022, February 2023, and March 2023 in Client #1's chart/records.

Maribel Makanives, RN 6/5/2023
Compliance Manager Date

SCG 6/5/2023
Primary Care Giver Date