

Foster Family Home - Deficiency Report

Provider ID: 1-616138

Home Name: Leonora Gozon-Tagalog, CNA

Review ID: 1-616138-16

94-110 Leowaena Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 5/4/2023

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) CG 3 and HHM 3 TB clearance incomplete and not accepted

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 delegation present for Client # 2 for oxygen suction or suppository

43.(c)(3) No RN delegation present for client 2 CG 2

Foster Family Home Physical Environment [11-800-49]

49.(c)(1) The primary or substitute caregiver shall follow appropriate preventative maintenance procedures for equipment and devices used in the care of clients;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) CCFFH has a strong pet waste odor throughout

49.(c)(3) CCFFH has several large boxes of perishable foods stored outside in the car port -REPEAT CITATION

49.(c)(3) Car port is cluttered with old medical equipment, cardboard boxes and other items obstructing a safe emergency exit and use of the area for clients -REPEAT CITATION

49.(c)(1) Client 1 has a hospital bed with no side rail which is pushed up to a mattress against the wall. CG 1 states this is because the window blind edge is broken and sharp and was cutting the clients skin. There is no such adaptation for hospital bed in the service plan

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3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(c)(1) Env. the room must be at least 60 square feet

Comment:

(3P)(c)(1) Env. The kitchen table is piled high with items such as picture frames, mail packages, office supplies. There is no usable space for clients to use to eat meals

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9) Client 3 overhead lighting is broken and the room is very dark. A substitute "work light" has been attached to the wall

Foster Family Home

Records

[11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

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.(b)(1) CCFFH administrative binder and client binders are in disarray making it difficult to properly survey

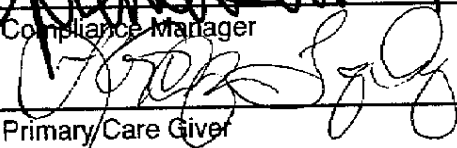
54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Client 1 2 and 3 have no current MAR documentation. CTA unable to perform medication reconciliation due to documentation disarray

54.(c)(6) Client 1,2, and 3 have no current daily documentation of services.



Compliance Manager



Primary Care Giver

5/4/23

Date

5/9/23

Date