

Foster Family Home - Deficiency Report

Provider ID: 1-210058

Home Name: Richard Arcena, RN

Review ID: 1-210058-5

94-1142 A Limahana Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/25/2023

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 4/25/23).

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)-CG#1 and CG#2's APS/CAN/Fingerprinting result lapsed on 4/29/22 and no current result were present for both caregivers. HHM#1's APS/CAN/Fingerprinting lapsed on 5/4/22 and no current result was present. No APS/CAN/Fingerprinting result present for HHM#3.

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.

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

Comment:

41.(b)(8)- CG#1 and CG#2's Bloodborne and infection control training lapsed on 1/8/23 and no current certifications were present.

41.(c)- CG#1 and CG#2 without any annual in-service hours for the years 2022 & 2023.

41.(f)(1)- HHM #1's TB Clearance lapsed on 5/14/22 and no current result was present. HHM#3 without a TB clearance result.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No monthly fire drill conducted/completed from 11/2022- 3/31/2023.

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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 present in Client #1's record/chart.

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Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(b), (b)(1), (b)(2)- No Adverse Event completed for Client #1's medication dosage discrepancy.

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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;

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2)- Client #1 and Client #2 were without any Service Plans present in record/charts.

54.(c)(5)- Medication discrepancies were noted for Client #1 and Client #2.

Client #1- one daily scheduled medication's label did not match the client's Medication Administration Record(MAR) and MD's order.

Client #2- Client's MAR was last signed on 4/15/23. MAR without the time of administration for all scheduled medications. One medication did not have the dosage written in the client's MAR.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed on 4/15/23.

54.(c)(8)- CCFFH without evidence that a Personal Inventory Record was initiated and or maintained for Client #1.

Maribel Nakkamine, RN 4/25/23
Compliance Manager Date
Richard [unclear] RN 4/25/23
Primary Care Giver Date