

# Foster Family Home - Deficiency Report

**Provider ID:** 1-200039

**Home Name:** Villamore Ibera, NA

99-447 Paihi Street

Aiea HI 96701

**Review ID:** 1-200039-7

**Reviewer:** Maribel Nakamine

**Begin Date:** 6/2/2023

Foster Family Home	Required Certificate	[11-800-6]
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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 6/2/23).

Foster Family Home	Background Checks	[11-800-8]
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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#2's APS/CAN/Fingerprint lapsed on 1/26/23 and was not done until 3/30/23.

Foster Family Home	Information Confidentiality	[11-800-16]
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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)- No evidence that CG#2 and HHM#1 were trained in the CCFFH's confidentiality policies and procedures and client privacy rights.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- CG#1's CPR/basic first aid lapsed on 3/28/23 and no current certification was present.

Foster Family Home	Fire Safety	[11-800-46]
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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 nighttime fire drill conducted for the past 12 months.

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## Foster Family Home

## Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip surface present in clients' bathroom shower floor.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- No automobile policy was present in CCFFH's binder.

## 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)(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;

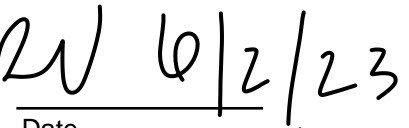
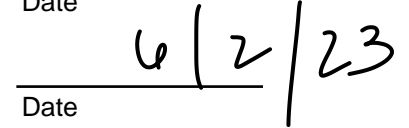
Comment:

54.(b)- No signatures of caregivers were present in Client #1's progress/observation notes after each dated entries from 1/26/22- 5/25/23.

54.(c)(5)- Medication discrepancies were noted in Client #1's chart/records. One scheduled medication was not transcribed in client's Medication Administration Record (MAR) for June 2023. One scheduled medication's label and MD's order did not match the client's MAR. One medication was not discontinued per MD's order (5/8/23) in client's MAR.

54.(c)(6)- No June 2023 and December 2022 Daily Careflowsheets were initiated/maintained in Client #1's chart/record.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date