

Foster Family Home - Deficiency Report

Provider ID: 1-559130

Home Name: Mercedita Morgia, CNA

Review ID: 1-559130-13

41-519 Inoa Street

Reviewer: Jackie Chamberlain

Waimanalo

HI

96795

Begin Date: 5/31/2023

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 2 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.(b)(5)(C)(iv) Use of an insured vehicle;

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

Comment:

41.(f)(1) CG 2 had a positive skin test in 2019 without proof of a negative chest x-ray.

CG 3 had a negative skin test in 2022 but only did screening in 2023. This does not meet department standards for yearly TB clearance

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 # 1 for any caregiver for suppository administration

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:


49.(a)(4) CCFFH does not have a wheelchair height dining table. The kitchen island table is bar height


Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.


Compliance Manager


Primary Care Giver

5/31/23
Date

5/31/23
Date

5/31/2023 12:23:00 PM