

# Foster Family Home - Deficiency Report

Provider ID: 1-130045

Home Name: Joereilyn Bugausan, CNA

Review ID: 1-130045-15

94-1064 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 7/12/2023

## 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 7/12/23).

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

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

Comment:

8.(a)(2)- CG#4's APS/CAN lapsed on 9/16/22 and was not done until 7/3/23.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7)- CG#6's TB clearance lapsed on 2/26/20 and no current clearance was present.

41.(b)(8)- No Basic first Aid was present for CG#6.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d), (d)(1)- No physician order was present for Client #1 regarding use of siderails.

## 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)- There were video cameras in Client #1 and Client #2's bedrooms. There were no consent forms present for use of video surveillance equipment. Use of video is a violation of client privacy without proper consent.

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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;

Comment:

54.(c)(2)- Client #1's Service Plan dated 5/20/23 without the Client/POA's signature. Client #2's Service Plan lapsed on 4/21/23 and no current document was present.

54.(c)(5)- There was one medication that was not written in Client #2's Medication Administration Records from December 2022 thru June 2023. Medication was to be used for 6 months.

Maikel Nakamine, RN

Compliance Manager

[Signature]  
Primary Care Giver

7/12/23  
Date

7/12/23  
Date