

Foster Family Home - Deficiency Report

Provider ID: 1-220078

Home Name: Patricia Shorter, CNA

Review ID: 1-220078-3

94-492 Opeha Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/17/2023

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 on 7/17/23).

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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)(7)- CG#1's TB clearance dated 4/27/23 was signed by an RN. TB clearance required to have an MD, APRN, or Physician's Assistant to sign. CG#2's TB clearance lapsed on 2/2/23 and was not done until 5/8/23.

41.(c)- CG#1 without any hours of the required annual in-service hours of 12 for the year 2022.

41.(f)(1)- HHM#1's TB clearance dated 5/5/23 without the required signature- was not signed by an MD, APRN, or Physician's Assistant.

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No morning and nighttime monthly fire drills completed. CG#2 without evidence of having conducted a monthly fire drill.

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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;

Comment:

54.(b)- No caregiver's signatures present in Client #1's progress/observation notes for each dated entry from 5/24/23-7/11/23.

54.(c)(5)- Medications discrepancies were noted for Client #1 and Client#2's Medication Administration Record (MAR).

Client #1- there were 2 scheduled medications that were not written in client's MAR for the month of July 2023.

Client #2- one medication's label did not match the client's MAR and there was no written MD order for compliance manager to verify. One daily scheduled medication was not written in the client's MAR.

Maribel Nakamire, RN 7/17/23
Compliance Manager Date
Patricia Shuten 7/17/23
Primary Care Giver Date