

Foster Family Home - Deficiency Report

Provider ID: 1-150026

Home Name: Lilian Joaquin, RN

Review ID: 1-150026-14

94-1078 Hoomakoa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/16/2023

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 8/16/23).

Foster Family Home Information Confidentiality [11-800-16]

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 confidentiality policies and procedures and client privacy rights training present for HHM#1.

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

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

Comment:

41.(b)(7)- No TB clearance result present for CG#1.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(6)(B) Include access by the client to radio, television, telephone, internet.

Comment:

43.(c)(6)(B)- CCFFH without a telephone present- per CG#2, CCFFH telephone had been broken. CCFFH clients were without access to telephone. Client #2's cellphone was broken per client.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- CCFFH's last monthly fire drill was in May 2023. No monthly fire drills present for June 2023 and July 2023.

Foster Family Home - Deficiency Report

Foster Family Home

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.

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

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

Comment:

47.(c)- No list of medications' side effects present in Client #1's chart/records.

47.(d), (d)(1)- No doctor's order present for Client #1's use of bedrails.

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

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(2) Inspection of service sites;

Comment:

50.(e), (e)(1)- CCFFH had a gate outside restricting access to the front door that did not have a form of communication which inhibited the announcement of a visitor's arrival to the facility.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(a)(3) A list of applicable community resources.
- 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.(a)(3)- No list of community resources present.
- 54.(c)(2)- Client #2's current Service Plan dated 3/30/23 without the client/POA's signature. Client #3's Service Plan dated 5/25/23 without the Client's signature.
- 54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.
Client #1- August Medication Administration Record(MAR) was signed until 8/17/23 for the morning scheduled medications and evening of 8/16/23 (pm doses). One life sustaining medication was not available.
Client #2- No August 2023 MAR was initiated; CTA compliance manager was unable to verify client's current medications nor administered to client.
Client #3- No August 2023 MAR was initiated; CTA compliance manager was unable to verify client's current medications nor administered to client.
- 54.(c)(6)- Client #1's Daily Care Flowsheet was signed ahead of date (8/17/23).
- 54.(c)(6)- No RN monthly visit summary present for May 2023 and June 2023 for Client #1.
- 54.(c)(8)- No Personal Inventory of Client #1's belongings present.

Maribel Nakamine, RN 8/16/23
Compliance Manager Date

[Signature] 8/16/23
Primary Care Giver Date