

# Foster Family Home - Deficiency Report

Provider ID: 1-583171

Home Name: Carmencita Gamponia, CNA

Review ID: 1-583171-16

1208 Neal Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 9/21/2023

## 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.

Client #3 without any 1147. Client without a chart in the CCFFH.

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No basic skills checks completed for CG#4 in Client #1's chart/records.

## 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 delegations present on oral medication administration, foley catheter care, blood glucose checks, insulin subcutaneous administration for CG#4 in Client #1's chart/records.  
CG#1 and CG#4 without the RN delegations present on gastrostomy tube feedings and oral medications administration for Client #3.

## 3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(c)(2) Env. the room must be adequate for socialization and dining by the clients, preferably with the family

(3P)(c)(3) Env. the room must have adequate furnishings, e.g., tables and chairs

Comment:

(3P) (c)(2), (c)(3) Env- CCFFH without a dining area as evidenced by lack of a dining table and chairs.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(a) Each home shall maintain an administrative notebook including but not limited to
- 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.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 54.(b)(2) Provide information for necessary follow-up care for the client.
- 54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(3) Current copies of the client's physician's orders;
- 54.(c)(4) Client's emergency management procedures;
- 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.(a), (b), (b)(1), (b)(2), (c), (c)(2), (c)(3), (c)(4), (c)(5), (c)(6)- Client #3 without the chart present in the CCFFH.

54.(c)(2)- Client #3 without any Service Plans present.

54.(c)(5)- Medication discrepancies were noted for Client #1, Client #2, and Client #3.

Client #1- Medication Administration Record (MAR) for 2 insulins that client was ordered were without any of the caregivers' signatures- unable to verify whether insulins were administered to the client from 9/16/23- 9/21/23. There were 3 scheduled medications that also did not have any of the caregivers' signatures from 9/1/23- 9/21/23. Blood sugar results from 9/1/23-9/21/23 were missing in the MAR from 9/1/23-9/21/23.

Client #2- one daily scheduled medication was missing caregivers' signatures from 9/1/23- 9/21/23 and from 8/1/23- 8/30/23.

Client #3- one daily scheduled medication's label did not match the client's MAR; unable to verify as client did not have a complete chart in the CCFFH.

Maribel Nakamine, RN 9/21/23  
Compliance Manager Date

Concepcion Garcia 9/21/23  
Primary Care Giver Date