

# Foster Family Home - Deficiency Report

Provider ID: 4-100104

Home Name: Encarnacion Mendez, CNA

Review ID: 4-100104-17

322 South Lehua Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 10/19/2023

## 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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/19/2023.

6.(d)(1) - CCFFH did not have evidence of a form 1147 for client #1.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

Comment:

41.(b)(4) - CG#5 did not have a disclosure form on file.

41.(b)(5) - CG#5 did not have a current Driver's license (DL)/State ID on file. DL on file expired 1/27/23.

41.(b)(7) - TB clearance on file for CG#1, CG#2, CG#3, CG#4 and CG#5 had all been signed by an RN. TB clearances must be signed by an MD, PA, or APRN.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff CCFFH did not accurately record CG coverage. Upon arrival of CTA compliance manager, CG#3 was in the CCFFH. No entry on the 3 bed sign out log to reflect the time that CG#1 had left, and CG#3 had started the assignment. 3 bed sign out log had multiple entries covered with white-out.

## 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) - CCFFH did not have evidence of RN delegations being completed and filed in the record for client #3.

# Foster Family Home - Deficiency Report

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

## (3P) Fire

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

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(3) Fire shall be held under varying conditions, e.g., eating, visiting, bath times, etc.

Comment:

(3P)(b)(1) Fire, (3P)(b)(2) Fire - CCFFH did not have evidence that fire drills were being conducted per HAR. Fire drill forms did not include the full date that they were completed. The times of the drills did not indicate whether or not they were conducted in the daytime or nighttime. Fire drill logs were not present for 10/22, 11/22 or 12/22.

## 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.

Comment:

47.(c) - The CCFFH did not have evidence of a list of medication side effects for client #1.

## Foster Family Home

## Client Account

## [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) - The CCFFH did not have evidence of a personal allowance log being maintained for client #2, nor was there documentation of who was responsible to manage the client's monthly allowance.

## Foster Family Home

## Quality Assurance

## [11-800-50]

50.(b) Adverse events shall be reported

Comment:

50.(b) - CCFFH did not have evidence that an adverse event report had been submitted in writing to the CMA within 72 hours of the event for client #1 (9/11/22 AE) and for client #3 (4/22/23 AE).

# Foster Family Home - Deficiency Report

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;

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.(c)(2) - CCFFH did not have a service plan on file for client #2. Client was admitted to the CCFFH on 8/6/23.

54.(c)(5) - MAR discrepancies noted for client #1, client #2, and client #3.

Client #1 - September MAR did not contain any documentation of medications being administered.. Unable to locate the MAR for October 2023.

Client #2 - October MAR was missing one page with daily medications. White out was used on several entries.

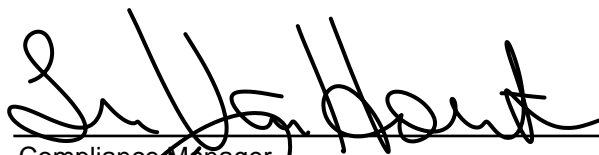
Client #3 - Order for Losartin was noted on the MD order and on the MAR. CCFFH did not have Losartin in supply.


54.(c)(6) - CCFFH did not have evidence of consistent charting on the ADL flowsheets for client #1 and Client #2.

Client #1 - Several months had one general comment written across all dates. Vital signs were to be checked weekly but were documented as completed monthly.

Client #2 - ADL flowsheet for 9/23 was missing. documentation missing on several dates and included documentation that had white out over it.

Client #3 - Several months had one general comment written across all dates.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care giver

10/19/23  
\_\_\_\_\_  
Date

10/19/23  
\_\_\_\_\_  
Date

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