

Foster Family Home - Deficiency Report

Provider ID: 1-560682

Home Name: Enrica Asio, CNA

Review ID: 1-560682-18

94-238 Pupukui Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 10/26/2023

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 within 30 days of inspections date (10/26/2023).

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): Evidence of lapse of APS/CAN clearance for CG#3. Documents provided by CCFFH show lapse of clearance from 12/3/2022 to 1/04/2023.

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

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

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.(b)(7): Evidence presented by CCFFH of invalid TB clearance for CG#3. 11/08/2022 TB clearance signed by RN and not by MD/APRN/PA.

41.(g): No evidence by CCFFH of CG#3 receiving skills check for client #1. Document presented by CCFFH do not present CG#3 signature of receiving skills check from case management agency.

Foster Family Home Records [11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

54.(c)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.


Comment:

54.(a)(1): Evidence shown by CCFFH of inaccuracy of evacuation map. Map provided does not show three client bedrooms on map and inaccuracies of where doors are located.

54.(c)(5): Evidence shown by CCFFH of medication discrepancy of medication administered compared to order on MAR and in chart. CCFFH administering eye drops twice a day but according to the MAR, order is once daily.

54.(c)(8): No evidence by CCFFH of recorded personal inventory list for client #1.


Compliance Manager


Primary Care Giver


Date


Date