

Foster Family Home - Deficiency Report

Provider ID: 5-200049

Home Name: Jezzy Sokau, CNA

Review ID: 5-200049-7

3914 Lawehana Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 10/24/2023

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 10/24/23).

6.d.1- Client #2's 1147 expired on 9/1/23 and no current 1147 was present in client's chart.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1 and CG#3's APS/CAN/Fingerprint lapsed on 8/12/23 and was not renewed until 10/2/23 & 10/10/23. CG#2's APS/CAN/Fingerprint lapsed on 4/8/23 and was not renewed until 5/30/23. HHM#1's APS/CAN/Fingerprint lapsed on 8/12/23 and was not renewed until 10/11/23.

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.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.(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)- CG#1's TB clearance lapsed on 7/28/23 and was not renewed until 8/31/23. CG#2's TB clearance lapsed on 8/24/23 and no current result was present.

41.(b)(8)- CG#1's CPR training lapsed on 5/4/23 and no current certification was present.

41.(g)- HHM#1 without a department approve [REDACTED] caregiver was given the basic skills for Client #1.

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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)- HHM#1 without a department approval as a [REDACTED] caregiver was given the RN delegations in Client #1's chart.

Foster Family Home

Medication and Nutrition

[11-800-47]

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

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

Comment:

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

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Client Account

[11-800-48]

48.(b)(1) Commingled with those of the home, the primary or substitute caregivers, other household members, or other clients; or

48.(b)(2) Used as the home funds or petty cash.

Comment:

48.(b)(1), (2)- Client #2 had been charged for foods (on 1/2/23 & 5/2/23) taken out from client's personal allowance.

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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;

Comment:

54.(c)(2)- Client #1's Service Plan dated 4/14/23 without the client/POA's signature. Client #2's Service Plan dated 9/20/23 also without the client/POA's signature.

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

Client #1- Medication Administration Record(MAR) for the month of February 2023 was signed thru 2/31/23. There were no days in the month of February from 2/29-2/31.

Client #2- there were two medications that were not written in the client's October 2023 MAR.

Maribel Nakamine, RN 10/24/23
Compliance Manager Date
[Signature] 10/24/23
Primary Care Giver Date