

Foster Family Home - Deficiency Report

Provider ID: 1-611914

Home Name: Ligaya Badua, CNA

Review ID: 1-611914-17

1917 Hani Lane

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 10/20/2023

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 10/20/23).

Foster Family Home Background Checks [11-800-8]

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#3's APS/CAN lapsed on 12/14/22 and no current result was present; Ecrim lapsed on 9/23/22 and was not renewed until 11/4/22.

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 evidence that CG#2 and CG#3 completed the basic skills checklist for Client #2.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- CCFFH's last completed monthly fire drill was on 8/20/23; No September 2023 fire drill. CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

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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 present in Client #1's use of siderails.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:
50.(a)- CG#2 and CG#3 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:
51.(a)(2)- CCFFH's automobile policy lapsed on 6/22/22 and no current policy statement was present.

Foster Family Home Records [11-800-54]

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)(5)- Medication discrepancies noted for Client #1 and Client #2.
Client #1- Medication Administration Record(MAR)was last signed on 10/18/23. One medication without a written doctor's order; not transcribed in the MAR.
Client #2- One scheduled medication's label did not match the client's MAR and doctor's order. Another scheduled medication was not written in the client's MAR.
54.(c)(6)- Client #1's Daily Care Flowsheet was last completed/signed on 10/11/23.

Maribel Nakamine, RN 10/20/23
Compliance Manager Date
[Signature] 10/20/23
Primary Care Giver Date