

# Foster Family Home - Deficiency Report

Provider ID: 1-200003

Home Name: Lory Vel Flordeliza, CNA

Review ID: 1-200003-9

2222 Kula Kolea Drive

Reviewer: Terri Van Houten

Honolulu

HI 96819

Begin Date: 9/26/2023

## 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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 10/26/23.

## 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;

Comment:

8.(a)(1) - CCFFH did not have evidence that CG#5 and CG#6 had a fingerprint completed within the last year.

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

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.(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)(5) - CCFFH did not have evidence that an alternate transportation plan was in place for CG#5 and CG#6

41.(g) - CCFFH did not have evidence that GC#6 had received basic skills delegation.

## 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 that CG#5 had received RN delegations.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

47.(b) - CCFFH did not have evidence that the medications were being monitored by the CMA RN for client #1.

# Foster Family Home - Deficiency Report

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 AE was reported verbally to the CMA RN within 24 hours or in writing to the CMA within 72 hours.

Foster Family Home

Records

[11-800-54]

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.(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;

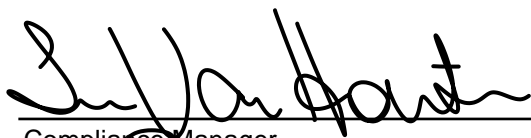
Comment:

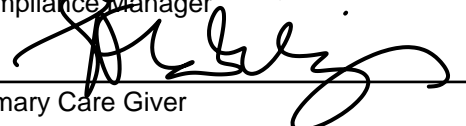
54.(b) - CCFFH did not have evidence that the CG progress notes were signed with each entry.


54.(c)(5) - CCFFH did not have evidence that the MAR was documented daily for client #1. Last documented entry was from 9/18/23.

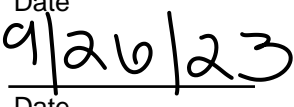
54.(c)(6) - CCFFH did not evidence that the ADL flow sheet was documented daily for client #1. Last documented entry was from 9/18/23.

54.(c)(6) CCFFH did not evidence that the RN progress note was provided monthly for client #1. Last documented entry was from May 2023.

  
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Compliance Manager

  
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Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date