

Foster Family Home - Deficiency Report

Provider ID: 1-230011

Home Name: Lovelee Soliman, RN

Review ID: 1-230011-3

1551 Hooli Circle

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 10/3/2023

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 30 days from inspection date (Inspection date: 10/3/2023).

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No evidence provided by CCFFH that HHM#1 and HHM#2 received confidentiality training. No evidence of HHM signed confidentiality training form.

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

41.(a)(1) Reside in the community care foster family home;

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

Comment:

41.(a)(1): No evidence of CCFFH having authority from landlord to operate CCFFH on property.

41.(b)(7): No evidence from CCFFH of valid TB clearance for CG#1 on 6/1/2023. No MD/APRN/PA signature on TB questionnaire.

41.(b)(7): No evidence of current TB clearance for CG#2. Last TB clearance signed on 09/12/2022.

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.

Comment:

46.(a): No evidence of monthly fire drills conducted at CCFFH. Last documented fire drill by CCFFH was conducted on 5/2023.

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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): No evidence from CCFFH of medication side effects listed for client #1's medications.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(1): No evidence of non-slip surfaces in shower area.

49.(a)(2): No evidence of available grab bar near toilet area.

Foster Family Home

Records

[11-800-54]

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

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.(a)(1): No evidence of evacuation map provided of CCFFH by CCFFH.

54.(c)(2): No evidence in Client #1's service plan regarding special diet regarding thickening liquids and food consistency.

54.(c)(5): No evidence of proper medication order documented in MAR. Client #1's missing route of medications to be given.

Mariabel Nakamine, RN

Compliance Manager

[Signature]

Primary Care Giver

10/3/23

Date

10/3/23

Date