

Foster Family Home - Deficiency Report

Provider ID: 1-560864

Home Name: Noralyne Cansana, CNA

Review ID: 1-560864-14

94-051 Nawaakoa Place

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 10/19/2023

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 by 11/19/2023.

6.(d)(1): No evidence by CCFFH of client #1's current 1147 form. No documents were provided by CCFFH.

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

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.

Comment:

41.(b)(7): No evidence by CCFFH of current valid TB clearance for CG#1. Documents provided by CCFFH is signed by RN on 1/23/2023.

41.(b)(8): No evidence by CCFFH of current CPR and First Aid training completed for CG#2. Document provided by CCFFH expired on 7/2023.

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): No evidence by CCFFH of all RN delegations were given to CG#3 and CG#4 for client #2. CGs not signed off for blood sugar checks.

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)(1): No evidence by CCFFH of MD order for side rails for client #2.

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Foster Family Home

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;

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)(2): No evidence by CCFFH of client #1 transferring by hooyer lift is addressed in service plan. Service plan documents that client #1 is moderate assist for transfers.

54.(c)(5): Discrepancy shown in client #1's MAR and medication being administered. Medication given does not match medication listed in MAR to be administered.

54.(c)(6): No evidence by CCFFH of CMA RN monthly visits were conducted for client #1. No documentation provided by CCFFH of 11/2022.



Compliance Manager


Primary Care Giver

10/19/23

Date
10/19/23

Date