

Foster Family Home - Deficiency Report

Provider ID: 1-220018

Home Name: Leilani Paraan, NA

91-959 Hanakahi Street

Ewa Beach

HI

96706

Review ID: 1-220018-5

Reviewer: Ryan Nakamua

Begin Date: 11/17/2023

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection (inspection date: 11/17/2023).

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4): No evidence by CCFFH of written consent or disclosure from client #1 and client #2 of use of cameras in living area. No documentation provided by CCFFH.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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): No evidence by CCFFH of alternate transportation plan for CG#3 and CG#4. No documents provided by CCFFH.

41.(b)(7): Evidence by CCFFH of lapse of TB clearance for CG#6. Documents provided by CCFFH show lapse of clearance from 11/04/2022 to 4/18/2023.

41.(g): No evidence by CCFFH of basic caregiver skills check for CG#4 for client #1. No documentation provided by CCFFH.

Foster Family Home	Client Care and Services	[11-800-43]
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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 RN delegation for CG#4 regarding client #1. No documentation provided by CCFFH.

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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 by CCFFH of medication side effects list for client #1. No documentation provided by CCFFH.

Foster Family Home


Records

[11-800-54]

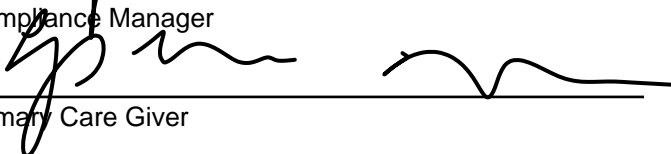
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

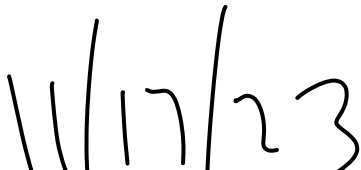
54.(c)(6): No evidence by CCFFH of daily weights taken by CCFFH for client #1 as written in current service plan. No documentation provided by CCFFH of client's weights.




Compliance Manager



Primary Care Giver



Date



Date