

Foster Family Home - Deficiency Report

Provider ID: 1-120077

Home Name: Myrna Andres, CNA

Review ID: 1-120077-18

91-1054 Kauiki Street

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

Begin Date: 11/22/2023

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 within 30 days after inspection (inspection date: 11/22/2023)

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 by CCFFH of skills checks for Oxygen administration and nephrostomy care for all caregivers for client #1. No documents provided by CCFFH.

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 of CCFFH of RN delegation for all caregivers for client #1 regarding oxygen administration and nephrostomy care. No documents provided by CCFFH.

Foster Family Home 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 list of medication side effects for client #1. No documents provided by CCFFH.


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;

Comment:

54.(c)(2): No evidence by CCFFH of current service plan addressing client #1's nephrostomy care, and client being on oxygen as needed. No documentation noted in current service plan.



Compliance Manager


Primary Care Giver

11/22/23

Date
11/22/23

Date