Foster Family Home - Deficiency Report

Provider ID:	**1-200065**		
Home Name:	**Rhea Joy Nabua, CNA**	**Review ID:**	**1-200065-9**
91-146 Wailohia Place		Reviewer:	Ryan Nakamua
Ewa Beach HI 96706		Begin Date:	11/15/2023

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 within 30 days after inspection (inspection date 11/15/2023).

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 by CCFFH of CG#5 receiving confidentiality training by CCFFH. No documentation presented by CCFFH.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4): No documentation provided by CCFFH that CG#5 completed disclosure form for CCFFH. No documentation provided by CCFFH.

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

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence by CCFFH of MD order for bed side rails to be used for client #1. No documentation provided by CCFFH.

Foster Family Home **Records** **[11-800-54]**

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)(5): No evidence of medication being administered for client #1 and client #2 since 11/07/2023. No documentation noted in MAR.

54.(c)(6): No evidence of daily personal care services and flow sheets have been documented since 11/07/2023. Flowsheets provided by CCFFH are blank since 11/07/2023.

Compliance Manager — Date: 11/15/23

Primary Care Giver — Date: 11/15/23