

# Foster Family Home - Deficiency Report

**Provider ID:** 1-120017

**Home Name:** Shirley Ann Baptista, CNA

**Review ID:** 1-120017-20

1153 Kaweloka Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 11/21/2023

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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 11/21/23).

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7)- CG#2's TB clearance dated 1/16/23 without an MD, APRN, nor Physician's Assistant's signature.

41.(b)(8)- CG#1 and CG#2's Bloodborne pathogen and infection control training lapsed on 11/12/23 and no current certifications were present.

41.(c)- CG#1 was lacking 10.5 hours of the required annual 12 hours for the year 2023. CG#2 was lacking 9 hours for the year 2022 and 8 hours for the year 2023.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P) (b)(1) Fire- Last monthly fire drill completed was on 7/8/23. No monthly fire drill for the months of August 2023, September 2023, and October 2023. CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

# Foster Family Home - Deficiency Report

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5)- Client #1 without a November 2023 Medication Administration Record (MAR). MAR was last signed on October 31, 2023. Compliance Manager was unable to verify client's current medications.

Client #2 without the November 2023 and October 2023 MARs. Compliance Manager unable to verify client's current medications. Client's MAR was last signed on 9/11/23.

54.(c)(6)- No caregivers progress/observation notes documented since admission to CCFFH on 8/10/23- till present.

54.(c)(6)- Client #1, Client #2, and Client #3 were without any of the monthly Daily Care Flowsheets/ADLs in charts/records.

54.(c)(8)- No Personal Belongings Inventory was initiated/maintained for Client #1.

Mariabel Pakanive, RN 11/21/23  
Compliance Manager Date  
11/21/23  
Primary Care Giver Date