

# Foster Family Home - Deficiency Report

Provider ID: 1-560426

Home Name: Fe Manera, CNA

Review ID: 1-560426-17

94-1062 Lumikula Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/4/2024

## 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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/4/24)

6.d.1- No 1147 present in Client #1's chart.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- CG#3's Ecrim lapsed on 1/5/23 and was not renewed until 1/2/24. HHM#4's Ecrim lapsed on 10/12/23 was not renewed until 11/10/23.

## 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 list of medications' side effects present for Client #1.

## 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:

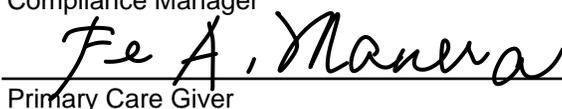
54.(c)(5)- Client #1's January 2024 Medication Administration Record (MAR) was signed ahead- until 1/5/24 am and pm doses were signed by CG#1. One medication was not transcribed/written in the client's MAR. There were 2 scheduled medications that did not match the medication's bottle labels with the client's MAR.

54.(c)(6)- RN monthly visits for the months of 9/2023, 10/2023, and November 2023 were missing and per CG#1- last CMA RN client visit was on October 31, 2023.



Compliance Manager

Date



Primary Care Giver

Date

1/4/24

1/4/24