

Foster Family Home - Deficiency Report

Provider ID: 1-562571

Home Name: Yolanda de Vera, CNA

Review ID: 1-562571-14

1586 Moani Street

Reviewer: Ryan Nakamua

Honolulu

HI

96819

Begin Date: 1/2/2024

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection (inspection date:01/02/2024)

CCFFH request increase from 2 bed to 3 bed.

6.(d)(1): No evidence by CCFFH of current 1147 assessment completed for client #2. Documentation provided by CCFFH expired on 09/03/2023.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): Evidence by CCFFH of lapse in APS/CAN clearance for CG#2. Documents provided by CCFFH show lapse of clearance from 5/22/2022 to 8/23/2023.

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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(7): No evidence by CCFFH of current TB clearance for CG#1 and CG#2. Documents provided by CCFFH of TB clearance were dated on 2/03/2022.

41.(e): No evidence by CCFFH of CG#2 approved for 3 clients by CTA. Documents provided by CCFFH show CG#2 approved for only 2 clients.

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Physical Environment

[11-800-49]

- 49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;
- 49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

- 49.(a)(2): No evidence by CCFFH of grab bars located near toilet area.
- 49.(a)(5): CCFFH unable to successfully test smoke detector during inspection.
- 49.(c)(3): Lack of light bulbs in sockets of clients' bathroom and light bulb in vacant client bedroom did not work.

Foster Family Home


Records

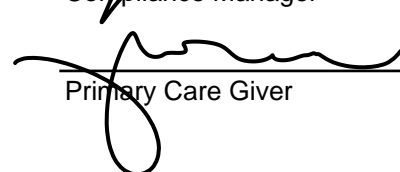
[11-800-54]


- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 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;

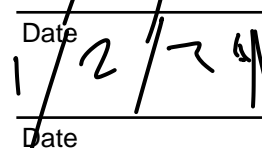
Comment:

- 54.(c)(2): No evidence of current service plans for client #1 and client #2. Documentation provided by CCFFH of previous service plans dated 6/2023 show service plan to be updated on 12/1/2023.
- 54.(c)(5): Evidence of discrepancy of medication order for Client #1 in MAR compared to documented written order by MD. Documentation of MAR shows medication is twice a day PRN but written order shows medication to be given twice a day routine.
- 54.(c)(5): Evidence of lapse of documentation of medication administration of client #2's MAR since 12/21/2023. No documentation noted if medications have been administered.
- 54.(c)(6): Evidence of lapse of documentation of daily flowsheets for client #1 and client #2. Documents provided by CCFFH show last documentation for client #1 dated 12/27/2023 and last documentation for client #2 dated 12/21/2023.


Compliance Manager


Primary Care Giver


Date


Date