

Foster Family Home - Deficiency Report

Provider ID: 1-560517

Home Name: Bernadette Firme, CNA

Review ID: 1-560517-15

99-421 Aheaehe Street

Reviewer: Ryan Nakamua

Aiea HI 96701

Begin Date: 1/25/2024

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 1/25/2024).

Foster Family Home Information Confidentiality [11-800-16]

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(c)(1): No evidence by CCFFH of signed consent disclosure or use of client's information by client #1 or power of attorney. No documentation 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 by CCFFH of RN delegation from client #1's case management agency for use of oxygen, rectal suppository medication, and eye medication for CG#3, CG#4, and CG#5. No documentation provided by CCFFH.

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

47.(d) Use of physical or chemical restraints shall be:

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

Comment:

47.(d)(1): No evidence by CCFFH of physician order for use bed side rails for client #1. No documentation provided by CCFFH.

Foster Family Home Records [11-800-54]

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)(6): No evidence by CCFFH of monthly temperature and respiration rate and daily blood pressure and heart rate taken for client #1 according to client's current service plan. No documentation provided of required actions.



Compliance Manager



Primary Care Giver

1/25/24

Date
1/25/24

Date