

# Foster Family Home - Deficiency Report

Provider ID: 1-633637

Home Name: Eufrocina Mendoza, CNA

Review ID: 1-633637-17

94-969 Awamoku Place

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 1/12/2024

## 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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 1/12/2024).

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

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(a)(4): No approved CG home with client when CTA arrived at CCFFH. HHM#2 confirmed that there was no CG home with one client. HHM states the CG#1 went with client #1 to emergency room. CG#3 arrived approximately within 5 minutes CTA spoke to CG#1 via telephone. No distress noted to client #2.

41.(b)(7): No evidence by CCFFH of current TB clearance for CG#2. Documents provided by CCFFH dated 10/12/2022.

41.(b)(7): Evidence by CCFFH of lapse of TB clearance for CG#3. Documents provided by CCFFH show lapse from 3/2/2023 to 5/8/2023.

41.(f)(1): Evidence by CCFFH of lapse of TB clearance for HHM#2. Documents provided by CCFFH show lapse of TB clearance for HHM#2 from 4/22/2020 to 2/1/2023.

## 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 given by client #1's case management agency for CG#3 for a topical medication and client #2's case management agency for CG#3 for blood sugar monitoring, hemodialysis access, oral medication administration, and insulin administration.

## Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): During home inspection, strong odor in client #2's room and soiled stain on client #2's bed sheet.

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Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a): No evidence by CCFFH of emergency preparedness plan for CCFFH. No documentation provided by CCFFH.

Compliance Manager

Eusebinia Mendez

Primary Care Giver

1/19/24

Date

01/25/24

Date