

Foster Family Home - Deficiency Report

Provider ID: 1-090102

Home Name: Janet Funtila, CNA

Review ID: 1-090102-16

94-618 Hiahia Place

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 1/19/2024

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: 1/19/2024).

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

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 of APS/CAN background check for CG#1. Documents provided by CCFFH show lapse occurred from 10/28/2023 to 1/06/2024.

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.

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

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

Comment:

47.(c): No evidence by CCFFH of current list of medication side effects for client #1. No documentation provided by CCFFH.

47.(d)(1): No evidence by CCFFH of physician order for use of bed side rails for client #3. No documentation provided by CCFFH.

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e): CCFFH gate locked at CTA's arrival with no intercom or doorbell at gate.

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Records

[11-800-54]

- 54.(c)(1) Client's vital information;
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(4) Client's emergency management procedures;
- 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:

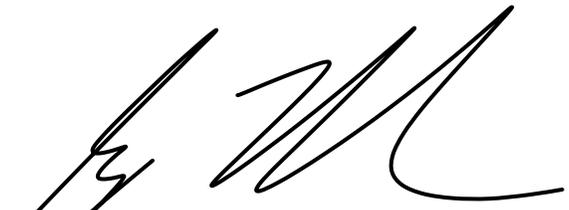
54.(c)(1): No evidence of client #1's power of attorney is listed on current face sheet that was provided by CCFFH. Documents provided by CCFFH show that client has a durable power of attorney.

54.(c)(2): Discrepancy noted regarding client #3's diet consistency. CCFFH reports that client's current diet is chopped but according to documents provided in service plan and physician's orders, client's diet is pureed.

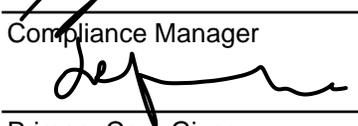
54.(c)(4): No evidence by CCFFH of specified emergency procedures for client #1. No documents provided by CCFFH.

54.(c)(6): No evidence by CCFFH of weekly temperatures and respiration rates documented as according to client #1's and #3's service plan addresses. No documentation provided by CCFFH.

54.(c)(6): No evidence by CCFFH of daily temperatures and respiration rates documented as according to client #2's service plan address. No documentation provided by CCFFH.



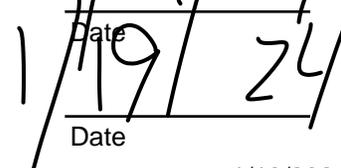
Compliance Manager



Primary Care Giver



Date



Date