

# Foster Family Home - Deficiency Report

Provider ID: 1-100124

Home Name: Josefina Saoit, CNA

Review ID: 1-100124-15

94-192 Kaima Place

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 1/22/2024

## 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: 1/22/2024).

## 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 of lapse of APS/CAN clearance for CG#1. Documents provided by CCFFH show lapse from 08/24/2023 to 10/01/2023.

## 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 of bed side rails for client #1. No documentation provided by CCFFH.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(c)(1) Client's vital information;
- 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;
- 54.(c)(8) Personal inventory.

Comment:

54.(b): No evidence of documentation provided by CCFFH for client #1 and client #2 regarding events of clients' health. Last documented progress notes for client #1 dated 4/4/2022 and no documentation provided by CCFFH for client #2.

54.(c)(1): No evidence by CCFFH of client #1's vital information. No documents provided by CCFFH of client's face sheet.

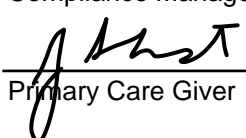
54.(c)(5): Evidence by CCFFH of multiple medication discrepancies of client #2's medications when comparing medication bottles/orders to medication administration record.

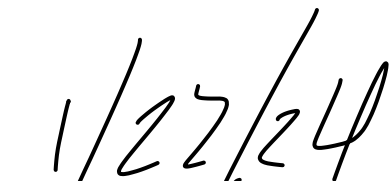
54.(c)(6): No evidence by CCFFH of documentation of personal care or skilled nursing tasks completed for client #1 and #2. Documents provided by CCFFH show last documentation for client #1 was 9/30/2023 and no documentation was provided for client #2.

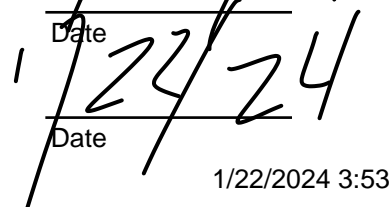
54.(c)(6): No evidence by CCFFH of monthly visit for client #1 by case management agency RN in 11/2023. No documentation provided by CCFFH.

54.(c)(6): No documentation provided by CCFFH of personal belongings inventory listed.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date