

Foster Family Home - Deficiency Report

Provider ID: 1-210035

Home Name: Princess Abarca, CNA

Review ID: 1-210035-8

94-633 Kaiewa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/17/2024

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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/17/24).

PCG requests to increase from a 2-client to a 3-client CCFFH.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#3's APS/CAN/Fingerprint result was more than 6 months. CCFFH has applied to increase from 2-bed to a 3-bed CCFFH.

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

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- CG#2, CG#3, and CG#5 without the confidentiality policies and procedures and client privacy rights training.

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.

Comment:

47.(c)- no list of medications' side effects present in Client #1's chart/records.

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)- CG#2, CG#3, and CG#5 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Maribel Nakamine, RN
Compliance Manager

Princess R. Abarca
Primary Care Giver

1/17/24
Date

1/17/24
Date