

Foster Family Home - Deficiency Report

Provider ID: 1-140033

Home Name: Rhoda M. Bolosan, NA

Review ID: 1-140033-15

94-210 Lelehua Place

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 2/1/2024

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: 2/1/2024).

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 clearance for CG#1. Documents provided by CCFFH show lapse of from 2/2/2023 to 6/26/2023.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7): No evidence by CCFFH of TB clearance with past 12 months for CG#1. Last documented TB clearance provided by CCFFH dated 7/14/2022.

41.(b)(8): No evidence by CCFFH of current CPR/first aid certification for CG#1 and CG#2. Documentation provided by CCFFH expired 2/2023.

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 by client #1's case management agency for CG#2 regarding preparing puree diet, routine oral medication administration, fall and aspiration precautions. No documentation provided by CCFFH.

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Fire Safety

[11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence by CCFFH of CG#2 conducting a fire drill in the past 12 months. No documentation provided by CCFFH.

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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 signed physician order for okay to use bed side rails for client #1. Documentation provided by CCFFH has no signature by physician or nurse practitioner.

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Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

54.(c)(3) Current copies of the client's physician's orders;

54.(c)(5) Medication schedule checklist;

Comment:

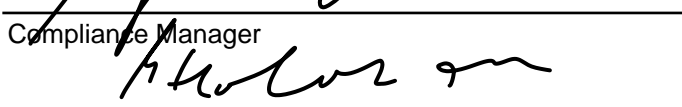
54.(a)(1): No evidence by CCFFH of current home evacuation map. No document provided by CCFFH.

54.(c)(3): No evidence by CCFFH of client #1's current physician orders. No documentation provided by CCFFH of client's current medications signed by physician and also no completed history and physical of client. CCFFH provided partial of a history and physical but unable to determine if it is regarding the client due to no identification.

54.(c)(5): No evidence by CCFFH of following medication order for client #2 regarding blood pressure medication hold parameter as noted in medication administration record and prescription bottle. No documentation of client's blood pressure was taken.



Compliance Manager



Primary Care Giver

2/1/24

Date
2/1/24

Date