

Foster Family Home - Deficiency Report

Provider ID: 1-230031

Home Name: Sherly Coloma, CNA

Review ID: 1-230031-3

816 2nd Street

Reviewer: Ryan Nakamua

Pearl City

HI 96782

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 Personnel and Staffing [11-800-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(5): Evidence by CCFFH of CCFFH's alternate driver's car insurance does not meet minimum requirement in protection. Documentation provided by CCFFH regarding driver's car insurance only protects \$20,000 bodily damage per person.

41.(g): No evidence by CCFFH of basic caregiver skills were assessed for competency by client #1 and client #2's case management agency for CG#4. No documentation provided by CCFFH.

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 delegations by client #1 and client #2's case management agency for CG#4. No documentation provided by CCFFH.

43.(c)(3): No evidence by CCFFH of RN delegation by client #1's case management agency regarding foley catheter care for any caregivers. No documentation provided by CCFFH.

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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 evidence by CCFFH for current medication side effect list for client #1 and #2. No documentation provided by CCFFH.

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Client Rights

[11-800-53]

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

53.(b)(16) Shall not have dietary restrictions used as punishment; and

Comment:

53(b)(1): No evidence by CCFFH of written acknowledgment of use of cameras/monitors used in common living area. No documentation provided.

53.(b)(16): No access for food or drinks or ways to prepare it that is accessible to clients in CCFFH. CCFFH's kitchen is located on 2nd floor of home with no wheelchair access to it. No refrigerator, pantry, or ways to prepare food located on same floor as clients' bedrooms.

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Records

[11-800-54]

54.(c)(4) Client's emergency management procedures;

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;

Comment:

54.(c)(4): No evidence of emergency protocol procedure for client #1 and client #2. No documentation provided by CCFFH.

54.(c)(5): Discrepancy noted between medication being given to client #1 compared to medication ordered according to medication record administration.

54.(c)(6): No evidence by CCFFH of client #1 and client #2's case management agency RN visited monthly. No documentation provided for month of 12/23 for client #1 and 12/23 and 1/24 for client #2.



Compliance Manager

Primary Care Giver



Date

Date