

Foster Family Home - Deficiency Report

Provider ID: 1-190054

Home Name: Ahsly Ann Mangunay, CNA

Review ID: 1-190054-9

94-1041B Kaaholo Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 4/11/2024

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 re-certification inspection.

Client #1 and Client #2 is missing form 1147.

Deficiency Report issued during CCFFH inspection via email on 4/11/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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.g. No basic skills check present in record for CG#2 and CG#3 for Client#1.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the 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 RN delegation present for Client #1 and #2 for CG #2 and CG#3.

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**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly

- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night

- (3P)(b)(4) Fire shall include testing of smoke detectors

- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.
Last drill was completed on 3/10/2023.

Foster Family Home

Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

- 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(c)(2) No current signature of POA/client for service plan present for Client#2 for 2/2024.

54(c)(5) No MAR present for January 2024 through April 2024 for Client#1.

No MAR present for May 2023 through August 2023, and October 2023 to April 2024 for Client#2.


MAR was not documented daily. Sheet not completed from 9/6/2023 through 9/30/2023 for client #2.

54(c)(6) No ADL and vital signs flow sheet present for Client #2 from May 2023 through August 2023, and October 2023 to April 2024.

ADL and vitals signs flowsheet was not documented daily. Sheet not completed from 4/8/2023 through 4/10/2023 for Client #1.

Client #1 and Client #2 did not have evidence of RN monthly visit notes

54(c)(8) Client# 1 did not have evidence that a personal inventory log has been initiated and/or maintained.



Compliance Manager



Primary Care Giver



Date



Date