

Foster Family Home - Deficiency Report

Provider ID: 1-230027

Home Name: Amelita Cabudol, CNA

Review ID: 1-230027-3

94-1234 Kahuaina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/26/2024

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days (issued on 2/26/24).

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No nighttime fire drill conducted by the CCFFH.

Foster Family Home Medication and Nutrition [11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

47.(b)- No documentation present from CG#1 that MD's order of 2/14/24 on Client #1's daily weight was followed.

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 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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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;

Comment:

54.(c)(2)- Client #2's Service Plan dated 9/26/23 without the client/POA's signature.

54(c)(5)- One of Client #1's daily bedtime medication's label and MD's order did not match the dosage written in the client's Medication Administration Record (MAR).

Two of client's daily scheduled medications were not written in the client's MAR. One medication that was ordered by client's MD to be discontinued on 1/15/24 was not discontinued in the client's MAR and was signed by CG#1 as being administered 2x/a day until 2/16/24.

54.(c)(6)- Client #1's Daily Care Flowsheet was last signed on 2/15/24; no signature of caregivers from 2/16/24- 2/25/24.

Mariabel Nakamine, RN 2/26/24
Compliance Manager Date
AC Mega - Cella 2/26/24
Primary Care Giver Date