

# Foster Family Home - Deficiency Report

Provider ID: 1-170035

Home Name: Christy Soriano, NA

Review ID: 1-170035-12

94-296 Kahualena Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/22/2024

## 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 of inspection (issued on 3/22/24).

## 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.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(c)- No list of medications' side effects present for Client #1.

47.(d), (d)(1)- Client #1 and Client #2 both with full bedrails. No MD order present for each client.

47.(e)- Client #1 with special feeding needs. CG#1, CG#2, CG#3 without evidence of having been trained.

## Foster Family Home Physical Environment [11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3)- Client #1 without a monitoring device/call bell as specified in the client's service plan.

## Foster Family Home Records [11-800-54]

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

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;

Comment:

54.(a)(1)- CCFFH's Emergency/Evacuation Map did not reflect the current home's structure.

54.(c)(2)- Client #1's Service Plan did not reflect the current MD's order and the actual diet/liquid consistency.

54.(c)(5)- Client #1's oral pain medication with an expiration date of 7/20/23 and no new bottle was present in client's medication bin.



Compliance Manager



Primary Care Giver

3/22/24

Date

3/22/24

Date