

Foster Family Home - Deficiency Report

Provider ID: 4-170041

Home Name: Desiyree L. Corpuz, CNA

Review ID: 4-170041-13

381 Naholo Circle

Reviewer: Terri Van Houten

Kahului

HI 96732

Begin Date: 4/3/2024

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 5/3/2024.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - CCFFH did not have evidence of a current state name check (eCrim) on file for CG#3. Results on file expired 10/29/23.

8.(a)(2) - CCFFH did not have evidence of a current APS/CAN for CG#3. Results on file expired 4/1/24.

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

41.(b)(1) The primary caregiver must be at least twenty-one years old, and the substitute caregiver shall be at least eighteen years old;

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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)(1) - CCFFH did not have evidence that CG#5 met minimum age requirements. No evidence of a current state ID or driver's license on file for CG#5.

41.(b)(4) - CCFFH did not have evidence of a completed CG disclosure form for CG#5.

41.(g) - CCFFH did not have evidence that CG#5 had completed a basic skills check for client #1 and client #2.

Foster Family Home - Deficiency Report

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) - The CCFFH did not have evidence that CG#5 had received RN skills delegations for client #1 and client #2.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, section 16-89-100.

Comment:

47.(a) - The CCFFH did not have evidence that CG#5 had received RN delegations for medication administration for client #1 and client #2.

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;

Comment:

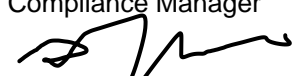
54.(c)(2) - The CCFFHs care practices did not match the instructions in the service plan for client #1. The service plan indicated that vital signs were to be checked daily. Documentation present showed that vitals signs were being checked every 2-4 days.

54.(c)(5) - Client #1 was admitted to the CCFFH on 1/19/24. No MD orders were provided upon admission. First PCP medications orders were obtained by CG#1 on 1/26/24.

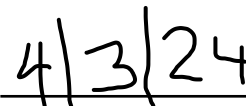
54.(c)(5) - Client #2: Medication discrepancies noted on the March MAR. One medication (Amlodipine) was missing the prescribed dose. One medication (Tamsulosin) included an indication that was not accurate for the client.



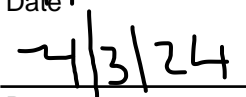
Compliance Manager



Primary Care Giver



Date



Date