

Foster Family Home - Deficiency Report

Provider ID: 1-100081

Home Name: Elena Sarte, CNA

Review ID: 1-100081-13

94-131 Awaia Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 3/7/2024

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 3/07/2023).

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.

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;

Comment:

47.(b): No evidence by CCFFH of client being seen by physician or RN from case management since client #1's admission. No documentation provided by CCFFH.

47.(c): No documentation provided by CCFFH of list of medication side effects for client #1's current medications.

47.(d)(1): No evidence by CCFFH of physician order for use of bed side rails for client #1. No documentation provided by CCFFH.

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Records

[11-800-54]

- 54.(c)(1) Client's vital information;

- 54.(c)(3) Current copies of the client's physician's orders;

- 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)(1): Evidence by CCFFH of out-dated information provided on client #2's vital information face sheet. Document provided by CCFFH states that client #2 is private pay despite evidence showing that client is a Medicaid paying client.

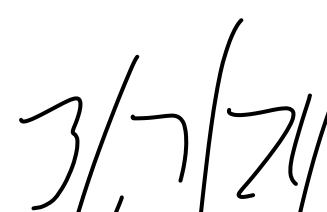
54.(c)(3): No evidence by CCFFH of physician orders for current medications client #1 is being administered and client is currently being having blood sugar checked twice a day but no orders were provided.

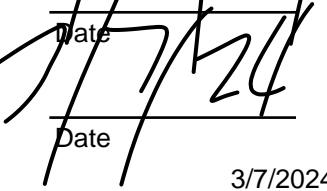
54.(c)(6): No evidence by CCFFH of RN monthly visits by client #1's case management agency since client's admission (01/19/2024). No documentation provided.



Compliance Manager


Primary Care Giver



Date


Date