

Foster Family Home - Deficiency Report

Provider ID: 4-624628

Home Name: Era Luczon, CNA

Review ID: 4-624628-16

536 Niau Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 3/21/2024

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 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 4/21/2024.

42. - CCFFH did not have evidence of a signed 1147 for client #2, admitted 8/1/2023.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(a)(2) - CCFFH did not have evidence of the CNA certificate renewal for CG#4. Certificate on file expired 9/30/2023.

41.(b)(5) - CCFFH did not have evidence of a current state ID on file for CG#4.

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

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2) - CCFFH did not have evidence that CG#4 had conducted a fire drill in the last 12 months.

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) - CCFFH did not have evidence of admission orders for client #2. Medication recertification list was not signed by a PCP and did not match the MAR. The medication recertification list did not include doses of the medications.

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Foster Family Home

Records

[11-800-54]

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

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:

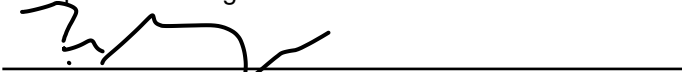
54.(c)(3) - The CCFFH did not have evidence of admission orders for client #2. Client was admitted 8/1/2023.

54.(c)(5) - The MAR for client #2 did not match the list of medicines on the medication recertification list.

54.(c)(6) - Client #2's service plan indicated that vital signs were to be checked daily and as needed. The CCFFH did not have evidence that vital signs were checked and documented daily.



Compliance Manager



Primary Care Giver

3/21/24

Date
3-21-24

Date